Safeguarding Childhood: Understanding and Responding to Domestic Abuse

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What is Domestic Abuse?

Domestic abuse is one of the most pervasive safeguarding concerns facing children's social workers. It affects families across every social class, culture, gender and community, often hidden behind closed doors and masked by fear, shame, or loyalty. For children, the presence of domestic abuse in the home is never a neutral backdrop; instead, it shapes their safety, their emotional world, their development, and their relationships with the adults they rely on. To respond effectively, practitioners must understand what domestic abuse is, how it manifests, and why its impact reaches far beyond physical violence.

In the UK, the Domestic Abuse Act 2021 provides a clear legal definition. It describes domestic abuse as any incident or pattern of controlling, coercive, threatening, or violent behaviour between people aged 16 or over who are personally connected. Crucially, the Act recognises children as victims in their own right when they see, hear or experience the effects of domestic abuse.

This definition is intentionally broad. It ensures the focus is not just on incidents of violence but on patterns of behaviour designed to dominate, frighten, isolate or control another person. Domestic abuse is therefore not defined by what the perpetrator does in one moment, but by the ongoing atmosphere of fear, unpredictability and power imbalance created within the home.

At its heart, domestic abuse is about one person exerting power and control over another. The behaviour may shift

between affection, apology, intimidation and exploitation, but the purpose remains the same: to limit the victim's freedom, autonomy and safety.

Practitioners often refer to the 'Power and Control Wheel', developed by the Domestic Abuse Intervention Project, which outlines the many tactics perpetrators use. While the model originated in the context of male violence against women, the principles apply across all forms of domestic abuse.

Domestic abuse is rarely a single event. It is usually a deliberate pattern of behaviours, some dramatic, some subtle, that accumulate over time. This pattern can include cycles of tension-building, violent episodes, followed by remorse or reconciliation. Children often describe this cycle as 'walking on eggshells.'

Even when no physical injury occurs, domestic abuse can be profoundly damaging. Emotional and psychological tactics such as humiliation, gaslighting, constant criticism or isolation- erode a person's confidence, sense of self, and ability to seek help. For children, living with this environment can shape their brain development, attachment patterns, and emotional regulation.

Domestic abuse encompasses a range of behaviours. Understanding these categories helps social workers to recognise the often-overlooked forms of harm.

1. Physical Abuse

This includes hitting, pushing, choking, restraining or any form of physical harm. It is often what professionals think of first, but in many households, it is only one part of a wider pattern.

2. Emotional or Psychological Abuse

Tactics can include belittling, name-calling, threats, manipulation, or controlling what a partner believes about themselves. Perpetrators may isolate victims from friends and family or undermine their parenting. Children often absorb these messages, impacting their own self-esteem.

3. Coercive and Controlling Behaviour

Recognised in law since 2015, coercive control describes behaviour that creates an ongoing environment of fear and dependency. Examples include dictating daily activities, controlling movements, monitoring phone use, or restricting access to healthcare, finances or social contact.

4. Economic Abuse

This involves controlling a person's finances or economic resources, such as preventing employment, taking wages, limiting access to money, or placing debts in their name. Economic abuse can trap victims in dangerous situations, making leaving extremely difficult.

5. Sexual Abuse

This includes any sexual activity without consent, sexual coercion, or reproductive control (such as sabotaging contraception). It is important for social workers to understand that sexual abuse within intimate relationships can be masked by secrecy, shame, and misunderstanding about consent.

6. Technological Abuse

Increasingly common, this includes stalking through digital devices, demanding access to phones, installing tracking

apps, sharing private images, or using social media to harass or threaten. Technology-enabled abuse can continue even after separation.

Domestic abuse cuts across all demographics. While statistics consistently show that women are more likely to experience repeated, severe abuse from male partners, people of all genders, sexualities and identities can be victims or perpetrators. Social work practice must therefore be inclusive and sensitive to: LGBTQ+ relationships, teenage intimate partner abuse, abuse involving disabled victims, forced marriage or so-called 'honour-based' abuse and abuse in older adults or carers relationships.

Children, though not always directly harmed, are never merely witnesses. They experience domestic abuse emotionally, physically, and psychologically as part of their daily world.

Domestic abuse is not only a crime and a public health issue, but also a significant safeguarding concern. Research consistently shows that children living with domestic abuse are at higher risk of physical abuse, emotional harm and neglect. That domestic abuse is the most common factor present in serious case reviews and child safeguarding practice reviews. The presence of domestic abuse can severely limit the protective capacity of the non-abusive parent, not because of failure but because of fear and entrapment and children may imitate harmful behaviours or internalise trauma responses

For children's social workers, recognising domestic abuse is therefore essential to understanding risk, resilience, and the family's capacity for change.

Perpetrators frequently use tactics that make detection difficult. These may include things like controlling attendance at appointments, coaching children on what to say, presenting as charming or cooperative to professionals, minimising or denying incidents, using cultural or community shame to silence victims and exploiting the victim's fear of the child protection system- including making threats to intentionally have the children removed by social services. Understanding these dynamics helps social workers to remain professionally curious and avoid being reassured too easily.

Domestic abuse is complex, often hidden, and profoundly harmful to both adults and children. A clear understanding of its definitions, patterns and impacts is essential for effective social work practice. By recognising domestic abuse as both a safeguarding and human rights issue, social workers are better placed to intervene safely, support non-abusive parents, and protect children from fear, trauma and harm.

Understanding Domestic Abuse and Its Impact on Children

Domestic abuse is best understood not as a single event but as a *pattern of behaviours* designed to exert power, control, and dominance over another person. While the behaviour may include episodes of violence, the emotional atmosphere created by coercive control is often the most damaging and enduring. This pattern can include, intimidation and threats, isolation from friends, family and support networks, monitoring or surveillance, financial restriction, constant criticism or humiliation, cycles of tension, explosion and remorse. Children living within this pattern experience a home environment characterised by fear, unpredictability and instability.

When domestic abuse occurs, it alters every relationship within the household. The home which is typically a place of safety, belonging, and nurture, can instead become a site of fear or conflict.

Victims of domestic abuse may experience exhaustion, hypervigilance and trauma symptoms, reduced ability to provide consistent care, isolation from supportive relationships, conflicting emotions such as fear, guilt, loyalty or shame. It is crucial to recognise that these difficulties stem from the perpetrator's actions and not from parental failure. The non-abusive parent is often doing everything possible to protect their children within a context of significant danger.

Children frequently adapt their behaviour in response to the abusive environment. They may attempt to protect

the victim parent, become a target of coercion or manipulation, withdraw emotionally and/or take on adult responsibilities far too young. Social workers must observe these dynamics carefully to understand risk, resilience and the child's lived experience.

The Domestic Abuse Act (2021) formally recognises children as victims in their own right. This acknowledgment reflects what practitioners have long known: children do not merely witness domestic abuse; they experience it.

Children who are exposed to and victims of domestic abuse may experience fear, anxiety or hypervigilance, feelings of guilt, blame or responsibility, confusion about safety and loyalty and shame or secrecy. Even very young children, including infants, are affected. Exposure to chronic stress can alter the developing brain's stress-response systems.

Children's behavioural responses vary widely and include things such as regressing (bedwetting, clinginess, nightmares), showing aggression or oppositional behaviour, struggling with emotional regulation, social withdrawal and difficulties in school. These behaviours are not problems to 'fix'; they are coping strategies developed in unsafe environments and social workers must recognise this to support children appropriately.

Domestic abuse can erode the child's secure attachment with both parents: with the non-abusive parent, due to stress and limited emotional availability and with the abusive parent, due to fear, unpredictability or emotional manipulation. This can have lifelong implications for relationships and self-esteem.

Although not always directly physically harmed, children may be caught in incidents, receive injuries while intervening, experience disrupted routines, sleep, and nutrition and/or miss medical appointments or health checks. Domestic abuse is a significant risk factor for neglect and physical abuse.

Even without memory of events, infants absorb the emotional tone of the home. Chronic stress may affect brain development, language acquisition, emotional regulation and sleep patterns. Children may also have difficulties in school, feel responsible for managing their abusive parents' behaviours and actions, experience dual loyalties and may even imitate aggression or internalise distress. Teenagers may be at risk by challenging the perpetrator, may experience mental health difficulties, use substances to cope with what they are experiencing, enter unto unhealthy or abusive relationships themselves and are likely to struggle with identity, trust and self-worth.

Children rarely disclose domestic abuse directly. This places great responsibility on professionals to remain alert, curious and attuned to subtle signs.

Despite the harm, many children show remarkable resilience, especially when supported by stable, caring adults. If a child has a strong and loving relationship with the non-abusive parent, have wider family support and community networks and positive school experiences, all of these things act as protective factors. Additionally, if children then have access to therapeutic support and have involvement from professionals that create safety and empowerment, they are likely to have positive outcomes. Social workers play a vital role in strengthening these protective factors.

A thorough understanding of the impact of domestic
abuse is essential for effective social work practice
because it enables practitioners to see beyond the surface
of family presentations and recognise the complex
dynamics that shape behaviour, risk, and need. When
social workers fully appreciate how domestic abuse affects
both children and the non-abusive parent, they are better
equipped to assess risk with depth and accuracy,
identifying not only the visible signs of harm but the
subtle indicators of coercive control, trauma responses,
and patterns of fear that often go unnoticed. Such
understanding helps practitioners avoid unintentionally
blaming the victim parent for coping strategies that may
appear chaotic or inconsistent but are, in reality, survival
responses shaped by prolonged exposure to control and
intimidation. It also allows workers to recognise the ways
perpetrators manipulate professionals, minimise their
actions, or present as charming and compliant to divert
attention away from their behaviour. By grounding
practice in an awareness of these dynamics, social
workers can prioritise child safety without escalating the
risk to the adult victim; for example, by avoiding
interventions that demand disclosures or actions that
could provoke retaliation from the perpetrator. A nuanced
understanding of impact also informs how practitioners
build trust with families, ensuring that support is offered
in a way that empowers rather than overwhelms; this
might include validating the victim parent's strengths,
reinforcing their protective efforts, and helping them
navigate options safely at a pace that respects their
circumstances. Moreover, recognising the long-term
emotional, behavioural and developmental effects on
children helps social workers design interventions that
support healing, stability and recovery, rather than

focusing solely on immediate crisis management. Without this depth of understanding, interventions can become superficial, inadvertently harmful, or even collusive with the perpetrator's narrative. In the absence of insight into coercive control or trauma, professionals may misinterpret behaviour, overlook key risks, apply pressure in unsafe ways, or make assumptions that fracture relationships rather than foster safety. Ultimately, a deep understanding of domestic abuse is not an optional aspect of practice- it is a fundamental requirement for safeguarding children effectively, supporting non-abusive parents compassionately, and holding perpetrators accountable for the harm they cause.

Domestic abuse is a pervasive and profoundly damaging experience for children, shaping not only their emotional world but also their development, relationships, and fundamental sense of safety. When a child grows up in an environment marked by fear, unpredictability and control, the impact extends far beyond the moments of crisis; it permeates everyday routines, disrupts attachment, and influences how they understand themselves and those around them. Because so much of this harm is hidden or minimised, a deep and nuanced understanding of domestic abuse is essential for effective social work practice. Social workers must be able to see past outward presentations, recognise the subtle patterns of coercion and trauma, and understand how these experiences affect every aspect of a child's life. By recognising children as victims in their own right, practitioners affirm their experiences and ensure their needs are at the centre of all interventions. Equally, by supporting non-abusive parents with compassion and clarity, and by holding perpetrators accountable for their behaviour rather than allowing the

burden to fall on victims, social workers play a critical role in restoring safety and stability. In doing so, they help families begin the long process of healing, rebuild trust, and create environments where children can thrive free from fear. Ultimately, this understanding is not only a professional requirement but a vital part of building safer, more resilient futures for families affected by domestic abuse.

Legislation and Policy Frameworks for Protecting Families in the UK

The United Kingdom's legal and policy landscape for safeguarding children and supporting families is extensive, multi-layered, and continually evolving. Over recent years, particularly between 2023 and 2026 the framework has undergone significant reform aimed at improving early help, strengthening multi-agency collaboration, and ensuring that state intervention balances the rights of children with the principle of supporting families to stay together wherever possible. This chapter explores the central legislation, statutory guidance, and recent reforms shaping family protection across the UK, with a focus on England, while recognising that the devolved nations operate their own safeguarding structures.

The Children Act 1989 remains the cornerstone of legal arrangements for child welfare and family protection across England and Wales. It introduced the fundamental principle that the welfare of the child is the paramount consideration, alongside the expectation that children are best raised within their families unless intervention is absolutely necessary.

Key provisions of this Act include defining the rights and duties of parents, Section 17 – Requiring local authorities to provide services to children whose health or development may be impaired without support, Section 47 – which sets out the duties to investigate when a child is suffering or likely to suffer significant harm and Section 31 – Which establishes thresholds and requirements for decisions that may result in a child being placed in local

authority foster care. The Act continues to shape
assessments, interventions, and court processes, forming
the foundation upon which all subsequent reforms have
been built.

Following major inquiries into child safeguarding failures,
including the death of Victoria Climbié, the Children Act
2004 strengthened multi-agency duties. Under Section 11,
agencies such as local authorities, police, and health
services must have regard to the need to safeguard and
promote children's welfare in all functions. This Act
established Local Safeguarding Children Boards (LSCBs)
which has been replaced with multi-agency safeguarding
partnerships, it established a stronger expectation of
corporate parental responsibility and improved inter-
agency date sharing and accountability mechanisms

The Children and Social Work Act 2017 introduced
significant structural reform, replacing LSCBs with three
statutory safeguarding partners: the local authority,
police, and Integrated Care Boards (ICBs). These partners
must determine how safeguarding arrangements work
locally, promoting consistency and shared accountability.
This Act sets expectations around the rights of care
leavers and the support they are entitled to and social
work regulation and professional standards.

Working Together to Safeguard Children, first issued in the
1990s and regularly updated, is the central statutory
guidance governing multi-agency child protection
practice. It was last significantly updated in 2023, with the
update reaffirmed and extended through 2025–2026
policy changes. Statutory guidance must be followed by
law unless agencies can demonstrate a justifiable reason
not to. Recent updates include: a whole family approach

which shifts the focus from child protection in isolation to recognising the wider family context and strengths, strengthened multi-agency working which sets out clear responsibilities and expectations for collaboration across health, police, local authorities and education, new multi-agency child protection standards which are intended to improve consistency and the quality of practice nationwide and which sets out principles for working with parents that embeds trust building and tailored support. These shifts reflect the broader national agenda to intervene earlier, more effectively, and in ways that preserve family stability.

In 2023, the Conservative government set out its long-term strategy for reforming children's social care, Stable Homes, Built on Love. This agenda prioritised early family help, strengthening family networks and improving workforce capacity. When Labour took office in 2024, it replaced the branding but continued many reforms through its policy paper Keeping Children Safe, Helping Families Thrive. This continuity underscores cross-party consensus on the need to modernise children's services.

Launched in April 2025, the Families First Partnership (FFP) programme represents one of the most significant shifts in family support policy in decades. Backed by over £523.5 million for 2025–26, it aims to integrate early help and child in need provision, provide intensive, multi-agency support, reduce the number of children entering care and deliver support in a non-stigmatising manner. The FFP framework reflects a growing recognition that early, holistic interventions are central to protecting families.

This Bill, progressing through Parliament as of 2025–2026, proposes a substantial overhaul of how families are engaged in safeguarding processes. These reforms collectively seek to modernise safeguarding governance and ensure coordination at every stage.

Frontline practitioners are expected to operate within this legal framework, demonstrating thorough understanding of risk factors such as domestic abuse and substance misuse, they must have the ability to conduct robust assessments aligned with statutory duties, they also must have the skills to build therapeutic relationships with children and their families and must demonstrate competence in multi-agency planning, child protection conferences and court processes. This operational expertise is essential for translating legal duties into real-world protection for families.

Major reviews continue to shape reform, including: The National review into the murders of Arthur Labinjo-Hughes and Star Hobson (2022), which identified systemic failures in multi-agency information sharing and risk assessment. The Independent Review of Children's Social Care (2022), which advocated for a more family-centred, early-help-driven system. The Independent Inquiry into Child Sexual Abuse (IICSA) final report (2022), influencing new measures to protect children from institutional harm. These inquiries demonstrate how tragedies continue to drive legislative and policy refinement.

The UK's approach to safeguarding children and supporting families is rooted in a comprehensive and continually developing legal and policy framework. Foundational legislation such as the Children Act 1989, which established the paramountcy principle and clarified

local authority duties, and the Children Act 2004, which strengthened inter-agency cooperation and accountability, continues to shape modern practice. These statutory foundations are reinforced by later reforms, including the Children and Social Work Act 2017, which emphasised corporate parenting responsibilities and improved social work regulation. Together, these are operationalised through core guidance like *Working Together to Safeguard Children*, which provides a national blueprint for assessment, decision-making, and multi-agency safeguarding arrangements. Recent reforms emerging between 2023 and 2026; driven by national reviews, system pressures, and a renewed vision for relational, family-centred work signal a decisive cultural and structural shift. This includes a stronger emphasis on early and compassionate help, more integrated local family support systems, greater professional stability, enhanced quality assurance, and a commitment to reducing unnecessary statutory intervention by empowering families within their own networks. Collectively, these developments reflect a sustained national determination to ensure that children grow up safely, securely, and within nurturing family environments wherever possible. They also equip practitioners with clearer legal foundations, strengthened policy direction, and improved inter-agency infrastructure, supporting thoughtful, evidence-informed, and humane practice. Ultimately, the evolving framework demonstrates the UK's commitment not only to protecting children, but to promoting family resilience and delivering interventions that are both proportionate and grounded in respect, partnership, and the long-term wellbeing of every child.

Identifying Early Signs of Domestic Abuse in the Home

Domestic abuse rarely begins with visible bruises or dramatic incidents. Instead, it often starts subtly; woven quietly into daily routines, relationships, and the emotional climate of the home. Understanding these early signs is crucial for professionals, family members, and the individuals experiencing abuse. Early detection can prevent escalation, safeguard children, and support survivors before the abuse becomes ingrained or life-threatening. This chapter explores the nuanced early indicators of domestic abuse across emotional, psychological, behavioural, relational, environmental, and child-centred domains.

Before overt violence, abusive dynamics often develop through the gradual erosion of autonomy which is subtle and usually framed in a way of helpfulness rather than outright control. Comments such as "I just worry about you—let me handle the money." And "I don't like your friends, they're a bad influence," are framed as care but actually function as surveillance and control. Abusive partners may gradually centralise decision-making over finances, placing restrictions on communication, monitor mobile phone usage and dictating things such as allowed clothing, routines or social contact. The target may not recognise these behaviours as abuse initially, particularly if they arise within a seemingly caring relationship. Minor put-downs, jokes that go too far, or subtle mockery often precede more overt emotional abuse. Early signs therefore reflect *patterns*, not isolated events.

Early manipulation often appears as guilt tripping, blaming others for actions and behaviour, minimising and making the non-abusive partner feel responsible for the abuser's moods. Jealousy is also framed as love however over time this shifts to control and can lead to abusers questioning their partners about where they have been, who they talk to and accusing them of cheating and disloyalty. Gaslighting is a common feature in domestic abuse and early signs of this include perpetrators dismissing their partner's memories or recollection of events, downplaying and minimising their feelings and rewriting events in minor disputes. As the survivor becomes uncertain of their perceptions, dependency grows.

Those experiencing emerging abuse often demonstrate subtle shifts long before they consciously identify the relationship as harmful. They may withdraw from social activities such as spending time with their friends, appear anxious about not arriving home on time, and limiting their time outside of the home and away from their partner. Common early signs include hypervigilance and growing anxiety and behaviours such as increased flinching, constantly checking their mobile phone and appearing nervous if their partner calls or texts them. Abusive partners often chip away at self-esteem, and the non-abusive partner may begin apologising excessively, may express a lot of doubt about things and may become quiet and guarded around others.

Understanding the perpetrator's emerging behaviours is essential, particularly for professionals conducting assessments. These often appear socially acceptable at first and they will continue to minimise and excuse their harmful action and behaviour, and this early minimisation

undermines the other person's boundaries. Perpetrators will also demonstrate explosive reactions to small stressors and may then sulk, demonstrate sudden anger or use excessive criticism toward their partner. Abusive individuals often shift rapidly between warmth and hostility, creating confusion and emotional instability.

Domestic abuse leaves traces in the home environment even before physical violence escalates. Homes may feel tense or quiet, overly structured and have rigid routines. Certain areas may be 'off limits' or controlled by the abuser- things like passports, phones and other devices. Some household routines such as obsessive tidiness and chores being done 'properly' may also be early indicators of coercive control. Children frequently sense and respond to abuse before they can articulate what is happening; they may have to care for siblings or even confront the perpetrators. They also may look to adults closely for signs of tension as children are very receptive and intuitive.

A practitioner might notice that partners interrupt or speak for the other; the victim appears hesitant or nervous, and the perpetrator may become defensive, irritated or appear very charming. Thos experiencing domestic abuse often physically sit away from their partner, avoid eye contact or freeze when their partner moves suddenly. Early intervention can dramatically change trajectories for families, reducing long-term harm and breaking intergenerational cycles of abuse.

Assessment Models for Children Living With Domestic Abuse

Domestic abuse remains one of the most significant safeguarding concerns affecting children in the United Kingdom. Since the Domestic Abuse Act 2021 recognised children as victims *in their own right*, rather than passive witnesses, assessment expectations and multi-agency responsibilities have expanded considerably. Recent inspections and national reviews highlight that children's lived experiences, early identification of risk, and coordinated intervention remain core challenges for practitioners. The chapter explores the leading assessment models, practice frameworks, and multi-agency arrangements currently influencing professional practice across the UK, including insights from major 2024–2026 government and sector reports.

Recent joint-inspectorate research underlines how local partnerships respond to children as victims of domestic abuse. The Joint Targeted Area Inspections (JTAIs) conducted from 2024–2025 examined how agencies identify, assess, and plan for children who have experienced domestic abuse, confirming the legislative expectation that children are victims when they see, hear, or experience domestic abuse. Local authority guidance across the UK reinforces the importance of early intervention, holistic assessment, and family-centred practice, emphasising *Getting It Right For Every Child (GIRFEC)* principles where child wellbeing, partnership with families, and proportionate responses are central.

Together, these drivers underpin all assessment models
currently used with children affected by domestic abuse.

The multi-agency model is the mandated national
approach guiding safeguarding practice and emphasises
the need to respond to children at the point of
identification, assessment planning and decision-making
following referrals, preventing, supporting and caring for
all affected children and preventing further victimisation.
This model has may key strengths including collective risk
assessment by children's social care, health, police and
education and this approach prioritises information
sharing and ensures that children's voices and experiences
are constantly recognised. Furthermore, this aligns with
the statutory duties for local authorities under the
Domestic Abuse Act 2021.

The Safe & Together Model is increasingly considered best
practice in the UK. It places perpetrator accountability,
supporting the non-abusing parent, and keeping children
safe and together at the heart of assessment. The model
promotes a perpetrator patterned understanding of risk,
the recognition of survivors' protective efforts and a child
focused lens that emphasises stability, safety and healing.
In 2025, the Domestic Abuse Commissioner's landmark
report highlighted Safe & Together as a leading model
capable of transforming local authority responses, shifting
practice beyond adult-centric incident reporting toward a
trauma-informed, rights-based assessment framework.
The implications for social work practice include being
able to clearly identify harm to children arising from
coercive control, avoiding inappropriate 'failure to
protect' narratives that place undue pressure on survivors

and it also encourages case planning that addresses perpetrator behaviour as a parenting choice.

The Domestic Abuse-Informed Practice and Systems Self-Assessment Toolkit offers a structured method for evaluating practitioner capacity, organisational culture, and strategic responses. This framework helps organisations to ensure that staff have the necessary skills and knowledge, to embed domestic abuse informed systems at strategic levels and to measure progress through data collection. This model is frequently used in Scotland but has growing relevance for UK-wide practice development.

Cafcass provides a structured risk assessment pathway used in private law cases where domestic abuse is a feature. The guidance includes ways practitioners can appropriately assess domestic abuse and capture the voices of children experiencing this. This model is particularly relevant for social workers preparing Section 7 or risk assessment reports for court proceedings.

Local authorities must regularly conduct needs assessments, particularly in relation to safe accommodation and community-based support for children and families. Such needs assessments inform strategic planning, resource allocation, and multi-agency service design, strengthening the overall assessment environment.

Regardless of framework, UK assessment models share several common principles such as the shift toward recognising children as victims necessitates assessments that prioritise capturing the lived experience of children and promoting children's rights to safety, recovery,

stability and participation. These assessment models also promote a whole family, strengths based and systemic approach to families that builds on strengths and partnership with non-abusive parents. Across all frameworks, social work practitioners are expected to fully understand the developmental impact of trauma and avoid re-traumatisation- they do this by ensuring assessments promote safety and empowerment rather than oppressive and victim blaming practice.

Modern assessment models require a shift away from focusing solely on victim behaviour.
Safe & Together and domestic-abuse-informed frameworks stress the need to map perpetrator patterns, uphold accountability, and understand abuse as a parenting choice. Effective assessment depends on coordinated responses between health, education, police, probation, and social care.

Inspection findings show significant variation in how local agencies apply assessment models, leading to inconsistent recognition of harm, especially emotional and coercive-control related abuse. Traditional approaches often place disproportionate expectations on survivors to protect children, rather than holding perpetrators accountable. The domestic abuse-informed toolkit identifies this as a systemic problem that must be addressed. Cafcass and Iriss both highlight the need for sustained specialist training to ensure practitioners fully understand coercive control, trauma, and diverse forms of abuse.

Recent government reports suggest that UK assessment systems must continue evolving toward: Holistic child impact assessments, perpetrator patterned focused

practice, integrated trauma informed systems and the strategic embedding of domestic abuse informed frameworks across local authorities. Improving consistency of practice is essential. Advanced tools and models exist, but require stronger national oversight, mandatory training, and robust monitoring to ensure equitable support for all children experiencing domestic abuse.

In recent years, assessment models for children living with domestic abuse in the United Kingdom have undergone a *profound and necessary transformation*, shaped by developments in legislation, multi-agency learning, and a deeper understanding of the lived experiences of children. The shift initiated by the Domestic Abuse Act 2021, which recognised children as victims in their own right, has been reinforced by successive joint inspections highlighting the need for more consistent, holistic, and child-centred approaches across local safeguarding partnerships. These Joint Targeted Area Inspections (JTAIs) consistently identify gaps in practice, particularly around early identification, responses to coercive control, and effective safety planning for very young children, and underscore the critical role of shared responsibility across agencies in building robust assessment pathways.

Frameworks such as Multi-Agency Safeguarding Arrangements, the Safe & Together Model, the Domestic Abuse-Informed Self-Assessment Toolkit, and the Cafcass Child Impact Assessment Framework represent a substantial evolution in the tools available to practitioners. Each offers mechanisms for structuring assessments in ways that foreground children's experiences, enhance analytical focus on perpetrator

behaviour, and support survivors in ways that neither blame nor burden them. The Safe & Together Model, highlighted as a best-practice exemplar in recent UK government reporting, has been particularly influential in addressing longstanding system weaknesses; helping practitioners shift from incident-based thinking toward a comprehensive understanding of coercive control and perpetrator patterning. Likewise, frameworks such as the domestic abuse-informed toolkit strengthen organisational capacity by embedding domestic abuse awareness at both practitioner and strategic levels, ensuring agencies operate with shared language, shared expectations, and shared accountability.

Yet despite the availability of these models, their impact remains dependent on consistent implementation, adequate training, and a system-wide commitment to child-centred practice. Guidance such as that issued by local authorities, reiterates the necessity of viewing the child holistically, listening to their voice, and integrating responses across the whole network of professionals involved in their lives. However, JTAI findings reveal that variability in practice still poses a barrier to effective assessment, with some areas continuing to rely heavily on adult-focused or incident-led approaches that fail to reflect the cumulative, relational, and developmental impacts of domestic abuse.

The direction of travel is nevertheless clear and encouraging. Across England, Scotland, and Wales, safeguarding systems are moving decisively toward models that are child-focused, trauma-informed, and rights-based. This is reinforced by national reviews emphasising that children must be understood not simply

as passive observers but as individuals actively shaped
and harmed by domestic abuse, and therefore entitled to
comprehensive protection, recovery, and participation in
decisions that affect them. At a time when both the scale
and complexity of domestic abuse are increasingly
recognised, it is essential that assessment frameworks
continue to evolve in ways that promote emotional safety,
challenge perpetrator narratives, and respond to the
nuanced realities of children's experiences.

Ultimately, the United Kingdom's collective responsibility
lies in ensuring that *every* child living with domestic abuse
receives timely, effective, and compassionate support.
Achieving this requires ongoing investment in workforce
development, fidelity to evidence-informed models, and a
sustained commitment to partnership working across
services. By embedding these principles, practitioners can
move beyond procedural compliance toward meaningful,
relational, and ethically grounded practice, one that not
only recognises the profound harm caused by domestic
abuse but actively works to restore safety, stability, and
hope in the lives of the children affected.

Working Directly With Children: Voice, Safety and Participation

Working directly with children who are experiencing domestic abuse is one of the most sensitive, complex, and ethically demanding responsibilities of a child protection social worker. In the United Kingdom, this work has evolved significantly in response to legislative changes, multi-agency inspection findings, and the growing recognition of children as victims in their own right under the Domestic Abuse Act 2021. Contemporary practice emphasises the child's voice, their safety, and their meaningful participation in assessment and planning processes; an approach reinforced by national inspection frameworks that highlight the need for child-centred, trauma-informed and rights-based practice. Joint Targeted Area Inspections (JTAIs) carried out between 2024 and 2025 found that children's lived experiences must form the foundation of assessment because children who have seen, heard or experienced domestic abuse directly suffer its impact, necessitating a response that values their disclosures, perspectives, and emotional world.

The concept of the child's voice in domestic abuse work extends far beyond the procedural act of asking a child questions during an assessment. It demands a sophisticated understanding of how trauma, fear, coercive control, and loyalty conflicts shape a child's capacity to share their experiences. Many children internalise fear of repercussions, worry about the safety of a non-abusing

parent, or feel protective of younger siblings. For social
workers, eliciting the child's voice requires time, relational
depth, and a commitment to creating emotionally safe
spaces. The Cafcass Domestic Abuse Practice Guidance
supports practitioners to talk directly with children by
offering interview techniques that are sensitive to trauma,
grounded in evidence, and tailored to understanding
children's lived experiences of coercive control and
post-separation abuse. The guidance also emphasises the
importance of understanding how children conceptualise
abuse, which is often shaped by developmental stage,
exposure to adult conflict, and internalised beliefs about
responsibility or blame. Working directly with children
therefore involves both patience and perceptiveness, as
social workers must listen not only to what a child says but
also to what remains unsaid due to fear, confusion, or
divided loyalties.

A central dimension of child-centred practice is
establishing safety, both emotional and physical. Safety
planning with children must be developmentally
appropriate and informed by the dynamics of coercive
control. Traditional incident-based approaches often fail to
understand the pattern of behaviour exerted by the
perpetrator. Modern frameworks, such as the Safe &
Together Model featured in UK government reporting on
best practice, encourage practitioners to explore the
perpetrator's behaviour pattern, its impact on the child's
daily life, and the ways in which children either cope with
or navigate the abusive environment. This model's focus
on keeping children safe and together with the protective
parent shifts the emphasis away from expecting children
or survivors to take responsibility for ending the abuse.
Instead, it underscores that the perpetrator's choices, not

the survivor's parenting, create the risk. This perspective enables social workers to build safety plans that strengthen the child's connection with their non-abusing parent, affirm their feelings, and give them safe strategies for managing fear or unpredictability within the household.

To work effectively with children, a social worker must understand the complex interplay of fear, trauma and attachment that underpins their behaviour. Many children living with domestic abuse present with anxiety, emotional dysregulation, sleep disturbances or school difficulties. Some show remarkable resilience, often as a result of protective actions taken by the non-abusing parent, actions that are frequently overlooked in traditional assessments. Domestic-abuse-informed practice frameworks emphasise the need to recognise survivors' protective capacities rather than framing them as failing to protect. This recognition helps children feel safer when they perceive that their parent is seen, validated, and supported by professionals. When a social worker consistently demonstrates respect for the parent–child relationship, children are more likely to trust the process, express their fears, and participate in decisions affecting them.

Participation is a foundational element of UK child welfare practice, deeply embedded in Getting It Right For Every Child (GIRFEC) principles, which stress listening to children, involving them in decision-making, and supporting them to understand available choices. Genuine participation, however, does not mean placing responsibility on children for decisions that belong to adults. Instead, it reflects a respectful partnership in

which children are informed, heard, and engaged according to their age, developmental capacity, and emotional readiness. Participation also includes ensuring that children understand the role of the social worker, the limits of confidentiality, and the steps that will follow from any disclosure they make. When participation is handled transparently, children experience greater emotional safety even when the outcomes are difficult.

Another critical feature of working directly with children in domestic abuse contexts is understanding the wider relational ecosystems in which they live. Multi-agency responses are central to safeguarding, and effective assessments require coordination between social care, health, education, police, and early years services. Children often disclose different pieces of information to different professionals, and it is only through collaborative practice that a coherent understanding of their experiences emerges. Teachers may notice behavioural changes or unexplained absences. Health professionals may see injuries, anxiety symptoms or somatic complaints. Police may attend incidents that never reach the threshold for immediate social care involvement but cumulatively reveal escalating coercion or danger. For social workers, working directly with children includes ensuring that child-friendly, trauma-aware information is gathered from across these systems and integrated into a comprehensive picture of risk and need.

Trauma-informed practice is particularly crucial. The Cafcass guidance explains that domestic abuse can significantly affect a child's development and functioning, requiring practitioners to interpret behaviour through a trauma lens rather than misattributing it to defiance,

attention-seeking or typical developmental turbulence. Social workers must therefore approach every interaction with sensitivity, avoiding abrupt questioning, invalidation, or assumptions that children should be able to recount events clearly. Trauma affects memory, sequencing and expression. A child might disclose in fragments over time, or communicate distress through drawings, play, or metaphor rather than direct verbal description. Building a trusting relationship becomes the primary intervention in itself, enabling children to feel safe enough to reveal their experiences at a pace that honours their emotional needs.

A sophisticated engagement process also means recognising the diversity of children's experiences. Domestic abuse affects children differently depending on age, disability, culture, gender identity, and other aspects of identity. The Domestic Abuse-Informed Practice Toolkit encourages practitioners to consider intersections and intersectionalities, ensuring that children's voices are understood within the wider social and familial context. This is vital because children may interpret or internalise abuse differently depending on cultural norms, stigma, or community dynamics. In some families, children may feel deep shame or fear of escalating family involvement from authorities. In others, they may have limited language to express their experiences. A culturally informed approach ensures that children are not misunderstood or marginalised within the assessment process.

Ultimately, working directly with children in the context of domestic abuse requires balancing empathy, curiosity, professional rigour, and a steadfast commitment to safety. It demands relational practice that honours the child's voice without placing burdens on them, prioritises their

safety without isolating them from supportive family connections, and fosters participation without exposing them to risk or emotional harm. The evolution of assessment frameworks across the UK reflects an effort to correct historical shortcomings and move toward systems that recognise the rights, needs, and lived realities of children. These frameworks, grounded in child-centred, trauma-informed and perpetrator-accountable practice; offer social workers the tools and structures necessary to deliver compassionate, evidence-based intervention. Through this work, practitioners help to ensure that children living with domestic abuse are not only protected from immediate harm but supported to rebuild safety, stability and hope in their lives.

Engaging With Non-Abusive Parents and Caregivers

Working with non-abusive parents and caregivers is one of the most critical components of effective child protection practice in domestic abuse cases. In the United Kingdom, contemporary safeguarding frameworks increasingly emphasise the importance of supporting the non-abusing parent not only as a protective figure but as a partner in assessment and intervention. This shift reflects a deeper understanding that domestic abuse is fundamentally a pattern of coercive control, and that survivors, most often mothers; play essential roles in maintaining their children's safety, stability and emotional wellbeing even while navigating ongoing harm. Research and practice guidance highlight that professional engagement must move away from blaming survivors for the impact of abuse and toward recognising and strengthening their protective capacities. This reframing is central to the UK's evolving domestic abuse response, reinforced by both national inspection findings and specialist practice frameworks.

Across the UK, domestic abuse-informed practice models have documented the longstanding systemic issue of holding survivors responsible for the outcomes of the perpetrator's actions. Historically, professionals have often placed expectations on non-abusive parents to take drastic actions such as ending the relationship, relocating, or calling the police, without acknowledging the risks, trauma and structural barriers that make such actions far

from straightforward. This focus on the survivor's choices
rather than the perpetrator's behaviour has contributed
to misunderstanding, punitive practice and a failure to
recognise the extensive efforts many parents make to
protect their children under impossible circumstances.
The Domestic Abuse-Informed Self-Assessment Toolkit
emphasises that survivors routinely employ subtle,
persistent protective strategies such as establishing
routines, minimising children's exposure, creating
emotional buffers and managing the perpetrator's
triggers; yet these measures are rarely acknowledged
because they do not fit traditional, incident-centred
conceptualisations of risk. The toolkit challenges
practitioners to adopt a more sophisticated approach, one
that understands domestic abuse as a pattern of coercive
control and perceives survivors' actions within that
context.

The rise of the Safe & Together Model within UK practice
has been instrumental in reshaping how professionals
engage with non-abusive parents. This model, highlighted
in a landmark UK government report in 2025, offers a
robust framework for recognising survivors as allies in
safeguarding. It promotes the understanding that
children's safety is inextricably linked to the wellbeing and
empowerment of the non-abusive parent. The Safe &
Together Model identifies perpetrators' behaviour, not the
survivor's coping strategies, as the source of harm and
encourages professionals to build assessments around the
perpetrator's patterns, the impact on the child and the
survivor's protective actions. Through widespread training
and integration across local authorities, practitioners have
reported cultural and linguistic shifts in how cases are
discussed. Concepts such as coercive control,

pattern-based risk analysis and survivor strengths have become more embedded, enabling more constructive and less punitive engagement with non-abusive parents.

In child protection work, effective engagement with survivors begins with the recognition that they are often the most significant source of safety and resilience for their children. Guidance aligned with the Getting It Right For Every Child (GIRFEC) framework emphasises placing the child at the centre while working in partnership with their parent or caregiver to promote wellbeing, strengthen resilience and coordinate support. It also highlights that survivors should be engaged as partners whose insights, experiences and emotional understanding of the child are critical to assessment and planning. This whole-child, whole-family approach helps ensure that intervention is both proportionate and empowering, promoting informed choice and avoiding the reproduction of coercive dynamics through professional practice.

Creating a trusting relationship with non-abusive parents requires sensitivity to the trauma they have experienced. Many survivors have been subjected to prolonged coercive control, isolation, financial restriction and psychological manipulation. These experiences shape how they perceive authority; how comfortable they feel with disclosure and how able they are to engage with services. Social workers must approach conversations with empathy, patience and respect, recognising that survivors often fear judgement, child removal or retaliation from the perpetrator. This fear is not misplaced; national inspection findings have shown that inconsistencies in multi-agency responses can create further risks, especially when information is poorly shared or when safety

planning does not adequately consider the realities of coercive control. The JTAIs conducted between 2024 and 2025 emphasise that survivors must be supported, not scrutinised, highlighting that the best outcomes for children arise when professionals respond in ways that strengthen the non-abusing parent's capacity rather than diminish it.

Trauma-informed engagement also includes acknowledging that survivors may present with anxiety, depression, confusion or ambivalence, not because they lack capacity or motivation to protect their children, but because the abuse has significantly impacted their mental and emotional wellbeing. Professionals must avoid interpreting trauma-based behaviour as non-compliance or indifference. Instead, social workers should strive to understand how the perpetrator's behaviour has shaped the survivor's sense of agency and safety. This approach requires thoughtful attunement, reflective practice and a willingness to challenge traditional assumptions about risk, responsibility and protective capacity.

Working directly with non-abusive parents also involves validating their insights into the child's experiences. Survivors often have a nuanced understanding of how the abuse has affected their children, including changes in behaviour, emotional withdrawal, sleep difficulties or school struggles. Their observations are invaluable for accurate assessment and should be treated with respect. When survivors feel heard and understood, they are better able to engage meaningfully in safety planning and intervention. This collaborative approach fosters trust and encourages open communication, reducing the likelihood of disengagement or misunderstanding.

Another vital aspect of engagement is ensuring that
non-abusive parents have access to the practical and
emotional support they need. Domestic abuse creates
profound instability, and survivors frequently face
financial hardship, housing insecurity and social isolation.
Needs assessments demonstrate that access to safe
accommodation, specialist services and coordinated
multi-agency responses are essential for supporting both
survivors and their children. By understanding the
structural barriers facing survivors, social workers can
advocate effectively for services that reduce risk and
support recovery.

Finally, the quality of engagement with non-abusive
parents is inseparable from wider systemic practices.
Multi-agency safeguarding arrangements rely on clear
communication, shared understanding and coherent
planning across services. When systems operate
cohesively; recognising survivor strengths, focusing on the
perpetrator's accountability and maintaining a
child-centred lens, engagement with non-abusive parents
becomes more supportive and effective. Conversely, when
systems are fragmented or inconsistent, survivors may
experience further harm, distrust or confusion. Social
workers therefore play a vital role not only in direct
practice but also in advocating for system-level coherence,
trauma-informed processes and a continued shift toward
rights-based, child-focused domestic abuse responses.

Engaging with non-abusive parents and caregivers is, at its
core, an act of meaningful partnership rooted in respect,
recognition and relational trust. It reflects a fundamental
shift away from outdated narratives that positioned
survivors as contributors to risk and instead aligns practice

with contemporary understandings of domestic abuse as a pattern of coercive control perpetrated by one individual, not a situational conflict between two parents. When social workers engage with survivors as allies, they acknowledge both the realities of the abuse and the often invisible, yet deeply significant, protective actions that caregivers routinely take to safeguard their children, sometimes under extraordinary pressure and danger. This approach honours the emotional labour, strategic planning and unspoken vigilance that many non-abusive parents exercise daily as they navigate a landscape shaped by threat, fear and constraint.

Seeing survivors as partners also requires professionals to recognise the profound affective and psychological impacts of coercive control. Many caregivers entering the child protection system do so with a history of trauma, isolation and diminished autonomy. Their confidence may have been eroded, their support networks restricted and their sense of self-efficacy undermined by the perpetrator's sustained behaviours. In this context, engagement that is grounded in empathy becomes not only an ethical necessity but a therapeutic intervention in its own right. Social workers who take the time to understand how trauma affects decision-making, communication and emotional expression create a space where survivors can begin to feel heard, validated and believed. This sense of recognition is essential for rebuilding trust, both in themselves and in the professional systems designed to support them.

Adopting evidence-informed and trauma-aware approaches ensures that social workers remain attentive to the structural barriers that shape survivors' choices.

Domestic abuse does not occur in a vacuum; it intersects with poverty, gender inequality, housing insecurity, immigration concerns, mental health struggles and systemic discrimination. An engagement approach that acknowledges these realities prevents professionals from inadvertently reproducing the dynamics of control that the perpetrator has already imposed. Instead, it supports the survivor to regain agency by exploring realistic options, understanding risks, identifying strengths and developing safety strategies that align with their lived circumstances. This process reinforces the survivor's capacity to parent safely while recognising that the responsibility for change lies with the perpetrator, not the victim.

When social workers practise in ways that shift the locus of accountability onto the perpetrator's pattern of behaviour, they help disrupt generational cycles of blame, shame and silence. This shift has profound implications for children. It models fairness, justice and clarity, demonstrating to children that the harm they have experienced is neither their fault nor the fault of the protective parent. It also reinforces the child's relationship with the non-abusive caregiver, strengthening attachment and promoting emotional recovery. By validating the survivor's protective role, practitioners enhance the child's sense of safety and stability, counteracting the confusion and fear that domestic abuse often instils.

Through compassionate, evidence-based engagement with non-abusive parents, practitioners lay the foundation for more effective safeguarding interventions. Development of safety, stability and recovery becomes a collaborative endeavour rather than a corrective one.

Each conversation, safety plan and assessment becomes
an opportunity to restore power to the survivor and
re-establish their rightful role as the central protective
figure in their child's life. Over time, this empowerment
contributes to breaking down the isolation that the
perpetrator has intentionally created, allowing survivors
to reconnect with support networks, community
resources and their own sense of resilience.

Ultimately, this approach fosters environments where
healing becomes possible. By positioning survivors as key
allies and honouring their expertise, practitioners create
the conditions for long-term safety, where families are not
merely protected from harm in the present but are
supported to rebuild hope and agency for the future. In
doing so, social workers contribute not only to the
immediate safety of children but also to the wider goal of
building families and communities resilient to the impacts
of domestic abuse. Through this sustained partnership,
practice becomes a force for restoration: restoring control
to the survivor, restoring protection to the child and
restoring dignity to both as they move toward recovery.

Working With Perpetrators: Risks, Barriers and Multi-agency Approaches

Working with perpetrators of domestic abuse is an essential yet often underestimated component of child protection practice in the United Kingdom. While the primary concern of the social worker is always the safety and wellbeing of the child and the non-abusive parent, addressing perpetrator behaviour is fundamental to achieving sustainable change. Contemporary safeguarding frameworks increasingly recognise that meaningful intervention must focus on the source of harm rather than placing expectations on the survivor to manage risk. This shift has been reinforced by government inspections and best-practice models that emphasise the need for child-centred and perpetrator-focused responses across agencies. Recent Joint Targeted Area Inspections (JTAIs), which evaluated multi-agency responses to children experiencing domestic abuse between 2024 and 2025, identified perpetrator accountability as a critical component of effective safeguarding, noting that too often systems remain incident-led rather than pattern-led, resulting in inconsistent recognition of coercive control and its profound impact on children.

One of the primary challenges when working with perpetrators lies in the complexity and persistence of coercive control. Domestic abuse is rarely a series of isolated incidents; instead, it is typically characterised by a consistent pattern of domination, intimidation, emotional manipulation, and control. This pattern may continue even after the end of a relationship, particularly where

contact arrangements for children provide ongoing access.
Perpetrators may manipulate professionals, present as
charming or cooperative, or portray themselves as victims.
Guidance such as that produced by Cafcass emphasises
that social workers must learn to distinguish between
genuine engagement and manipulation, as well as
differentiate domestic abuse from high-conflict
relationships. The Cafcass Domestic Abuse Practice
Guidance stresses the importance of understanding
typologies of abusive behaviour, coercive control
dynamics, and the ways in which perpetrators use the
child–parent relationship as a mechanism for exerting
power. This understanding is crucial because perpetrators
who appear superficially compliant often pose the
greatest risk, using the guise of cooperation to influence
assessments or undermine the survivor's credibility.

There are considerable barriers to engaging perpetrators
in meaningful behavioural change. Many perpetrators
deny, minimise or justify their abusive behaviour, often
shifting responsibility onto the non-abusive parent or
external circumstances. Some may refuse to engage with
services altogether, while others may participate only
superficially. The absence of accessible and
evidence-based perpetrator intervention programmes in
many areas of the UK further complicates efforts to
address risk. The domestic abuse-informed practice
literature highlights the persistent lack of accountability
placed on perpetrators within systems, noting that
professional focus has historically gravitated toward
scrutinising survivors rather than challenging those
responsible for harm. This dynamic not only increases the
emotional and practical burden on survivors but also
reinforces the perpetrator's sense of power and

entitlement. Social workers must therefore adopt a
critical, analytical lens that maintains a clear focus on the
perpetrator's behavioural patterns regardless of how
credible, calm or articulate they may appear in
professional meetings.

The Safe & Together Model, now widely recognised as
best practice across the UK, has played a transformative
role in reframing how practitioners engage with
perpetrators. The model's core principles assert that the
perpetrator's behaviour, not the survivor's coping
strategies; creates risk for the child, and therefore
assessments and interventions must concentrate on
documenting, analysing and addressing that behaviour.
The Safe & Together Model also offers practical tools for
mapping patterns of control, identifying the intersections
between perpetrator behaviour and parenting, and
determining how these behaviours shape the child's daily
lived experience. Government reporting has highlighted
how, in local authorities where the model is embedded,
practitioners at all levels, from frontline staff to senior
leaders, have developed a more consistent understanding
of perpetrator accountability, coercive control, and child
impact. This has facilitated stronger multi-agency
mechanisms for identifying harm and challenging
perpetrators' narratives, enhancing overall safeguarding
outcomes.

Multi-agency collaboration is essential when working with
perpetrators, as no single agency can hold them
accountable or effectively mitigate risk alone. Research
findings consistently stress that meaningful assessment
must involve coordinated contributions from police,
probation, children's social care, health services, and

education. Police information about domestic incidents, breaches of non-molestation orders, or patterns of call-outs provides essential contextual data that may not emerge in direct conversations with the perpetrator. Probation practitioners bring expertise in risk assessment and offender management, particularly in cases where perpetrators are subject to statutory community orders. Health professionals, including GPs and mental health services, may hold information related to substance misuse, mental health concerns, or injury patterns. When these streams of information are siloed, inconsistencies or gaps emerge that perpetrators can exploit. Conversely, when agencies share information in a structured and timely manner, practitioners can build a fuller and more accurate picture of risk.

Understanding the barriers to interagency cooperation is also necessary. High caseloads, differing thresholds, incompatible information systems, and varying levels of domestic abuse expertise can impede the clarity and consistency required for effective intervention. However, local authority practice guides, emphasise the importance of coordinated responses that keep the child's welfare central while maintaining a clear and consistent focus on the perpetrator as the source of risk. These guides highlight that the Safe & Together principles are critical to ensuring that all agencies regardless of sector, work from a shared understanding of domestic abuse as a pattern of coercive control and a child protection concern.

Despite these frameworks, the practical realities of engaging perpetrators present challenges that require both skill and persistence from social workers. It is not uncommon for perpetrators to manipulate professional

curiosity by providing partial disclosures, expressing remorse without behavioural change, or leveraging their identity, status or cultural capital to influence professional opinion. A key part of the social worker's task is to remain vigilant to these dynamics and to avoid being drawn into collusion, whether intentional or inadvertent. Skilled practice involves scrutinising inconsistencies, triangulating evidence across agencies, and reflecting critically on how the perpetrator's behaviour aligns with established patterns of coercive control. It also requires maintaining professional boundaries and ensuring that discussions with the perpetrator do not inadvertently compromise the safety or emotional wellbeing of the survivor or child.

Working with perpetrators also plays an indirect but critical role in supporting survivors and strengthening the parent–child relationship. When professionals consistently challenge perpetrator behaviour and place responsibility squarely on the individual causing harm, survivors often feel validated, supported, and empowered. This shift alleviates some of the pressures survivors experience when systems mistakenly expect them to manage the risk alone. It also models for children a clear moral and relational message: that the abusive behaviour is understood, acknowledged, and addressed by adults who hold authority and responsibility. This clarity can be profoundly protective for children, helping to counteract the confusion, fear and loyalty conflicts that frequently shape their experiences of domestic abuse.

Perpetrators of domestic abuse may also target social workers directly, using manipulation, intimidation or charm as tools to influence assessments and maintain control within the safeguarding process. Practice guidance

from Cafcass highlights that perpetrators often present in highly convincing ways, masking their abusive behaviour through selective disclosure, minimisation and attempts to discredit the non-abusive parent, strategies that can draw professionals into their narrative if not critically examined. Perpetrators exploit system weaknesses, including fragmented information-sharing or inconsistent professional responses, to obscure patterns of coercive control and undermine the credibility of survivors. These tactics may also include direct hostility toward social workers, subtle threats, excessive demands for information or attempts to form inappropriate alliances, all of which can create emotional pressure and distort professional judgement. The Safe & Together Model warns that when practitioners unintentionally align with a perpetrator's version of events, the system itself can become another mechanism of coercion, reinforcing the perpetrator's power rather than challenging it. Recognising these dynamics is essential; social workers must remain vigilant, trauma-informed and pattern-focused to ensure that professional processes do not become tools for further abuse.

Ultimately, effective engagement with perpetrators requires a combination of analytical rigor, trauma awareness, systemic coordination and steadfast focus on child safety. It draws on evidence-based frameworks, multi-agency intelligence and a commitment to confronting the behaviours that create harm, rather than peripheral issues that distract from the core dynamics of abuse. For child protection social workers in the UK, this work is challenging but essential. By centring perpetrator accountability, practitioners contribute to a safeguarding environment that upholds the rights of children and

survivors, disrupts cycles of harm and lays the groundwork
for safer family and community systems.

Multi-Agency Collaboration: MARAC, Police, Health and Education

Effective responses to domestic abuse within child protection practice in the United Kingdom depend upon strong, coherent, and sustained multi-agency collaboration. No single agency can hold the full picture of the risks presented to children and their non-abusive caregivers. Domestic abuse is a complex and often hidden pattern of coercive control, and its impact on children can only be fully understood when professionals from across sectors come together to share information, analyse risk, and coordinate support. Recent Joint Targeted Area Inspections (JTAIs) conducted between 2024 and 2025 highlight this interdependence, showing that local partnerships, particularly children's social care, police, health services, education, youth justice and other safeguarding partners; must work as a unified system if they are to respond effectively to children who have seen, heard or experienced domestic abuse. The inspections revealed that multi-agency work, when strong and well-coordinated, substantially improves the timeliness and quality of assessments, safety planning, and long-term support.

At the centre of the UK's integrated response to high-risk domestic abuse is the Multi-Agency Risk Assessment Conference (MARAC). MARACs provide a structured forum where police, health services, children's social care, housing providers, probation, education representatives and Independent Domestic Violence Advisors (IDVAs) meet to share critical information about domestic abuse

cases assessed as high risk. Their function is not only to
coordinate safety planning for the adult victim but also to
safeguard children living in or affected by the abusive
environment. MARACs operate on the principle that while
each agency holds a fragment of the truth, only through
coordinated discussion can a complete understanding of
risk emerge. This model recognises that perpetrators
often exploit systemic blind spots; therefore, information
from across agencies must be shared rapidly, succinctly
and coherently to prevent serious harm. MARAC meetings
proceed at pace, with each case discussed within a strict
timeframe, making preparation essential. Agency
representatives must arrive fully briefed to ensure that
their input contributes meaningfully to the coordinated
action plan that follows.

The importance of MARACs is underscored by national
datasets collated by SafeLives, which monitor trends
across the UK's MARACs and highlight both the prevalence
and severity of high-risk domestic abuse. These datasets
reflect increasing levels of complexity in cases, showing
that multi-agency collaboration is vital for identifying risks
related to escalation, repeat victimisation, child exposure
and broader safeguarding concerns. Operating protocols
from local authorities, such as the Southwark MARAC
protocol updated in February 2026, further stress that
multi-agency governance, partner participation,
information-sharing agreements and accountability
structures are essential components of an effective
MARAC system. For child protection social workers,
engagement with MARAC provides a crucial platform for
ensuring that the child's experience is heard,
contextualised and linked to the perpetrator's behaviour,

rather than being overshadowed by adult-focused risk
assessments.

Police involvement is central to collaborative responses to
domestic abuse because police officers are often the first
professionals to witness the dynamics of coercive control,
physical harm, or escalating conflict. Their reports, call-out
histories, and intelligence on the perpetrator's behaviour
build a foundation for risk assessment that social workers
may not otherwise access. Police contributions to
multi-agency assessments are essential for establishing
timelines of harm, identifying patterns of behaviour and
understanding situational triggers that place children at
heightened risk. However, the quality of police
engagement can vary significantly between localities.
Some forces provide rich, contextualised information that
enhances safeguarding practice, while others rely heavily
on incident-based recording, which may not capture
coercive control. Strengthening police understanding of
child-centred risk remains a national priority, particularly
in cases involving very young children or unborn babies,
who are less visible but no less vulnerable.

Health professionals also play a vital role in multi-agency
collaboration. They may be the first to notice inconsistent
injuries, the emotional distress of a parent, or
developmental concerns in a child that indicate chronic
exposure to trauma. Health services, including GPs,
midwives, health visitors, mental health practitioners and
emergency department staff, hold important insights into
families' physical and emotional wellbeing, substance
misuse concerns and mental health conditions. Their
observations often reveal patterns of harm that remain
hidden from other agencies. When health professionals

effectively share information with social care and MARAC, the safeguarding system is significantly strengthened. In contrast, when health information is siloed or overlooked, the system loses key opportunities to detect and respond to risk. For child protection social workers, relationships with health practitioners are therefore critical, particularly in cases involving pregnancy, early childhood or complex trauma responses.

Education settings similarly provide a unique lens into children's daily experiences. Teachers and school safeguarding leads may observe behavioural changes, withdrawal, aggression, unexplained absences, or developmental regression; signs that may indicate exposure to domestic abuse. Schools also provide continuity, making them essential partners in identifying long-term patterns rather than isolated incidents. MARAC guidance emphasises that education representatives can and should contribute meaningfully to multi-agency discussions, as children are often most visible in the school environment. Schools are sometimes unaware of their eligibility to share information with MARAC even when the child is not formally known to children's social care, but MARAC protocols encourage schools to participate when they hold relevant information about the child or family. Their insights can significantly influence action plans aimed at keeping the child safe while maintaining essential routines and stability.

A consistent theme across recent inspections and practice guidance is that multi-agency collaboration must be more than information exchange; it must represent a shared commitment to child-centred, trauma-informed and perpetrator-focused practice. Effective collaboration

requires each agency to understand not only its own
responsibilities but also how its actions impact the wider
safeguarding system. When agencies work in isolation,
perpetrators can manipulate professional blind spots and
survivors may be left responsible for managing risks they
cannot control. Conversely, when collaboration is
coherent and aligned with evidence-based frameworks,
agencies collectively uphold a safeguarding environment
that prioritises children's lived experiences, holds
perpetrators accountable and supports survivors to
rebuild safety.

For child protection social workers, multi-agency
collaboration is both an obligation and an essential
protective factor. It ensures that assessments are
informed by the breadth of professional insight required
to understand risk comprehensively. It strengthens safety
planning by ensuring that actions assigned to different
agencies are sequenced logically and monitored
effectively. And crucially, it challenges systemic narratives
that place disproportionate responsibility on survivors by
ensuring that perpetrator behaviour remains central to
discussions. Through MARAC, police involvement, health
insights and education perspectives, the safeguarding
system gains the depth, clarity and cohesion necessary to
respond effectively to domestic abuse. In this sense,
multi-agency collaboration is not simply a procedural
requirement; it is the backbone of meaningful protection
for children living with domestic abuse.

Safety Planning for Children and Families

Safety planning for children and families living with domestic abuse is a fundamental aspect of child protection social work in the United Kingdom. It is a dynamic, evolving process that requires a nuanced understanding of risk, trauma and coercive control, and must be grounded in multi-agency collaboration. Recent Joint Targeted Area Inspections (JTAIs) on the multi-agency response to children who are victims of domestic abuse have shown that safeguarding practice is most effective when agencies work together to identify risks early, share information consistently and place the child's lived experience at the centre of all decisions. These inspections, which analysed partnership working across police, health, social care, education and other safeguarding partners between 2024 and 2025, confirm that domestic abuse creates complex patterns of harm that can escalate rapidly, particularly for very young children and unborn babies.

Safety planning begins with an accurate understanding of the environment in which the child lives. Children experience domestic abuse not only through direct exposure to incidents but through the wider atmosphere of control, intimidation and fear that infuses the family home. For this reason, safety planning cannot rely solely on incident-based information. It must reflect the pattern of the perpetrator's behaviour over time, the strategies the non-abusive parent has used to protect the child and the specific vulnerabilities of each child, including

developmental stage, disability or attachment needs. Multi-agency forums such as the Multi-Agency Risk Assessment Conference (MARAC) play a crucial role in forming this holistic picture. MARAC brings together police, health services, children's social care, probation, education and Independent Domestic Violence Advisors (IDVAs) to share information about the highest-risk domestic abuse cases. The purpose of this meeting is to produce coordinated, practical and timely actions that reduce risk and enhance the safety of both the victim and the children.

Through MARAC, essential information emerges that might not otherwise surface. Police may provide intelligence about patterns of escalation or breaches of protective orders; health professionals may share concerns about injuries, stress indicators or developmental impacts; schools may contribute observations of emotional distress or behavioural changes. Each of these sources supports the creation of a realistic safety plan grounded in the family's lived dynamics. National MARAC data collected by SafeLives demonstrates how essential such multi-agency structures are in responding to high-risk domestic abuse, as trends across the UK show increasing complexity in cases where children are exposed to repeated or escalating harm.

Safety planning also requires an awareness of how the perpetrator may continue exerting coercive control even after separation. Many children remain exposed to risk during child contact arrangements, handovers or unsupervised time. Perpetrators may use these moments to intimidate the non-abusive parent, manipulate the child emotionally, or undermine protective strategies. The

JTAI reports highlight that failure to consider ongoing coercive control in post-separation contexts can leave children vulnerable, especially when agencies assume separation automatically reduces risk. Child protection social workers must therefore build safety plans that reflect the reality of how coercive control persists, and ensure that the voices of both the child and the survivor inform assessment of risks during contact.

Health services have a distinct and critical role in safety planning. Midwives, health visitors and GPs often have early access to families and may detect subtle indicators of domestic abuse long before other agencies become involved. Their observations help social workers assess risks to unborn babies and very young children, who are less visible within the safeguarding system. JTAI findings emphasise that health input is crucial for understanding the cumulative impact of domestic abuse on physical and emotional wellbeing, and for identifying protective factors and developmental concerns that may influence the safety plan. In this way, safety planning is shaped not only by behavioural information about the perpetrator but by an in-depth understanding of the child's emerging needs.

Education settings also contribute significantly to safety planning. Teachers and school staff often maintain long-standing relationships with children and may notice patterns of distress or regression that are invisible to other agencies. MARAC guidance notes that schools frequently hold important contextual information even when the child is not formally on a child protection plan. Their participation in multi-agency discussions helps ensure that children receive stability and consistency during periods of heightened risk. Schools can also act as

safe spaces, offering emotional support and monitoring children's wellbeing as safety plans are implemented.

Central to all safety planning is the partnership with the non-abusive parent. The Southwark MARAC Operating Protocol emphasises that victim and survivor engagement is essential to effective risk management, as they hold critical knowledge about the perpetrator's triggers, escalation patterns and opportunities for safe intervention. Safety planning must therefore reflect the survivor's expertise; ensure they are not placed at additional risk and avoid placing unrealistic expectations on them to manage behaviour they cannot control. This approach aligns with domestic abuse-informed models that recognise survivors' protective efforts and prioritise their safety as foundational to the child's wellbeing.

Effective safety planning must also anticipate and respond to the ways in which perpetrators may attempt to undermine professional intervention. Perpetrators often manipulate professionals, minimise risk or provide misleading information to influence assessments. They may exploit uncertainties between agencies or target social workers directly through charm, hostility or misinformation. A safe and robust plan requires that professionals remain vigilant to these dynamics and ensure that multi-agency communication is clear, consistent and resistant to manipulation. The JTAI findings underscore that when agencies fail to share information effectively, perpetrators can exploit these gaps, putting both children and survivors at greater risk.

Ultimately, safety planning is an ongoing process that evolves as circumstances change. It must be regularly reviewed, particularly following new incidents, shifts in

family dynamics, arrests, court outcomes or changes in contact arrangements. A safety plan must be flexible enough to respond to escalation while structured enough to provide clarity and predictability for the survivor and the child. It must balance immediate protective actions with longer-term strategies for recovery, stability and emotional healing. Above all, it must be rooted in compassion, professional curiosity and the unwavering principle that responsibility for harm lies solely with the perpetrator, not with the child or the non-abusive parent.

Safety planning for children and families in the context of domestic abuse demands a coordinated, sequenced and thoughtful response. It is the convergence of professional insight, survivor knowledge, and child-centred understanding. Through collaborative working across police, MARAC, health and education, child protection social workers build safety pathways that honour children's experiences, promote survivor autonomy and challenge the structures that allow domestic abuse to persist. In doing so, safety planning becomes more than a procedural exercise; it becomes a central mechanism through which families can regain control, stability and the possibility of a safer future.

Cultural, Social and Intersectional Considerations

Responding to domestic abuse in a child protection context requires social workers in the United Kingdom to develop a deep and reflexive understanding of how cultural, social and intersectional factors shape the experiences of children, survivors and perpetrators. Domestic abuse does not occur in isolation from the broader social environment; instead, it is embedded within complex layers of identity, structural inequality, community norms and societal expectation. These factors influence how abuse is perpetrated, how it is experienced and how families interact with safeguarding systems. For child protection social workers, understanding these dynamics is not optional but essential, as misinterpreting or overlooking cultural and intersectional realities can lead to unsafe practice, misjudged risk and re-traumatisation of survivors.

Domestic abuse-informed practice literature highlights that survivors have long been held responsible for the outcomes of abuse, a dynamic exacerbated when cultural or social marginalisation is involved. The Domestic Abuse-Informed Self-Assessment Toolkit emphasises the importance of recognising intersections and intersectionalities when assessing risk and engaging with families, noting that survivors often face additional barriers related to ethnicity, immigration status, disability, sexuality, religion or socio-economic disadvantage. Intersectionality requires social workers to examine how

multiple forms of oppression and discrimination overlap
to shape a person's lived experience. For example, a
migrant woman facing domestic abuse may contend
simultaneously with language barriers, fear of
deportation, racial discrimination and limited access to
financial resources or support networks. These factors
alter her options, influence her safety-planning choices
and shape how she perceives professional intervention.
Children in these families absorb these anxieties, often
developing heightened emotional vigilance or protective
behaviours shaped by fear of family separation,
community stigma or state involvement.

Cultural influences also shape how families understand
domestic abuse, how they articulate harm and what they
perceive as acceptable or unacceptable behaviour. Some
communities may view external professional involvement
as shameful, fearing that disclosure will bring dishonour,
community backlash or family breakdown. In cases
involving honour-based abuse, MARAC guidance notes
that victims may be unable to disclose information due to
cultural pressures, language barriers or fear of reprisal,
making professional judgement and sensitive engagement
particularly crucial. These dynamics require social workers
to approach conversations with cultural humility; an
ongoing process of curiosity, self-reflection and respect,
while never compromising on children's rights to safety or
minimising the seriousness of abuse.

Education, too, is deeply influenced by cultural and
intersectional realities. Children from minoritised
backgrounds may experience racism, discrimination or
bullying at school, which can compound the effects of
domestic abuse and erode their sense of safety and

identity. Cultural misunderstandings can easily arise when behaviours shaped by trauma intersect with stereotypes or implicit bias, leading to misinterpretation of a child's distress as defiance or disengagement. Schools participating in multi-agency processes, including MARAC, must therefore be supported to recognise the intersectional nature of domestic abuse so that they can contribute meaningfully and without prejudice to safeguarding discussions.

Socio-economic disadvantage further complicates the picture. Families living in poverty face heightened vulnerability due to limited housing options, reliance on the perpetrator for financial stability and reduced access to support services. JTAI findings show that multi-agency responses often struggle to capture the cumulative impact of deprivation, housing instability and financial abuse when assessing risk. Social workers must understand how economic pressures shape both the perpetrator's methods of control and the survivor's capacity to seek help. For children, poverty intensifies the stresses of living with domestic abuse, contributing to poor mental health, hunger, disrupted sleep and difficulties concentrating at school; factors that can go unnoticed unless professionals adopt a holistic, intersectional lens.

Health disparities also play an important role. Survivors from marginalised communities may experience limited access to healthcare or mistrust of medical professionals due to past discrimination or cultural stigma. Health professionals, who are often the first to identify subtle indicators of domestic abuse, must therefore understand the cultural contexts in which symptoms or injuries present. JTAI reports reinforce the importance of health

engagement in multi-agency safeguarding, noting that
when practitioners fail to take cultural and social contexts
into account, opportunities to identify abuse early may be
lost. For children, cultural expectations around emotional
expression, behaviour and mental health can shape how
they communicate distress, meaning social workers must
be attentive to culturally specific ways of expressing fear,
loyalty, shame or trauma.

Intersectionality is also crucial when assessing
perpetrators. Perpetrators may use cultural norms to
justify or obscure their abusive behaviour, invoking
tradition, gender roles or religious values to mask coercive
control. They may manipulate cultural or societal
stereotypes to present themselves as victims or to
discredit the non-abusive parent. The Safe & Together
Model, highlighted as best practice in a major UK
government report, emphasises the importance of
understanding the perpetrator's behaviour pattern within
its full social context, rather than evaluating incidents in
isolation or accepting cultural explanations that minimise
harm. Multi-agency partners must therefore adopt an
analytical frame that separates genuine cultural practice
from practices used to justify abuse.

For child protection social workers, integrating cultural,
social and intersectional awareness into practice requires
continuous reflection and development. It means
recognising personal biases, challenging systemic
inequalities and engaging with families in ways that
respect identity but never excuse harm. It requires
building trust with communities through transparent
communication, consistent engagement and culturally
informed service provision. It also means ensuring that

children's voices are heard in ways that reflect their cultural frame of reference, acknowledging that children may express their experiences differently depending on their upbringing, community norms and personal identity.

Ultimately, addressing cultural, social and intersectional considerations strengthens safeguarding practice by enabling practitioners to see the full picture of a child's life, not just the surface behaviours they present. It brings into focus the structural forces shaping family dynamics and helps practitioners respond with empathy, clarity and precision. In domestic abuse cases, where fear, shame and isolation often silence families, intersectional practice becomes a vital tool for uncovering hidden harm, empowering survivors and protecting children. Through this lens, social workers are better equipped to challenge perpetrator narratives, uphold children's rights, and support families in ways that honour their identity while prioritising safety and wellbeing.

Trauma-Informed Practice in Domestic Abuse Work

Trauma-informed practice has become central to contemporary domestic abuse work within UK child protection, reflecting an increasing recognition that both children and non-abusive parents experience domestic abuse not as isolated incidents but as chronic, cumulative trauma. Domestic abuse is fundamentally a pattern of coercive control characterised by fear, unpredictability and entrapment. Responding effectively to these experiences requires a practice framework grounded in an understanding of how trauma shapes memory, behaviour, relationships, emotional development and engagement with services. Joint Targeted Area Inspections (JTAIs) undertaken between 2024 and 2025 emphasise that children must be recognised as victims in their own right under the Domestic Abuse Act 2021 and that their emotional and developmental trauma requires consistent multi-agency recognition and response.

A trauma-informed approach begins with recognising the profound impact that coercive control has on children's cognitive, emotional and social development. Children living with domestic abuse learn to anticipate danger, monitor adult behaviour for cues of escalation and adapt their emotional responses in ways that often appear confusing or contradictory to professionals unfamiliar with trauma dynamics. Cafcass guidance highlights that children's lived experiences of coercive control can manifest in anxiety, hypervigilance, avoidance or emotional detachment, and that practitioners must

approach disclosure and observation through a trauma
lens rather than misinterpreting these behaviours as
defiance, resistance or lack of engagement. The guidance
also emphasises that coercive control shapes every aspect
of a child's reality, influencing not only how they cope
with conflict but also how they view themselves and their
relationships with caregivers.

Trauma-informed practice also requires attention to the
survivor's emotional world. Domestic abuse-informed
practice frameworks note that survivors, typically
non-abusive mothers, experience long-term trauma
through intimidation, isolation, manipulation and chronic
fear. They may present as anxious, ambivalent or hesitant
during professional interventions, not because they lack
concern for their children, but because trauma has
affected their confidence, memory, communication and
sense of agency. The Domestic Abuse-Informed
Self-Assessment Toolkit highlights that systems have
historically misinterpreted survivors' trauma responses as
poor decision-making or failure to protect, ignoring the
protective strategies they employ under difficult
conditions. Recognising trauma as a shaping force rather
than an indicator of parental inadequacy is essential for
child-centred and non-blaming practice.

A central pillar of trauma-informed practice is the
principle of safety. Safety is both a physical and emotional
need and must be restored gradually through
trust-building, predictable interactions and consistent
professional boundaries. This requires social workers to
recognise that survivors and children may experience
professionals as potential sources of threat, particularly if
they fear judgement, child removal or retaliation from the

perpetrator. JTAI findings reveal that when agencies fail to coordinate or communicate effectively, children and survivors may be retraumatised by fragmented interventions, repeated questioning or conflicting messages from professionals. Trauma-informed systems therefore prioritise stability, clarity and collaboration, ensuring that families do not shoulder the burden of navigating complex safeguarding structures alone.

The Safe & Together Model, widely recognised as best practice in UK domestic abuse work, offers a trauma-aligned framework by placing responsibility for harm on the perpetrator rather than the survivor. This model identifies the perpetrator's pattern of behaviour as the cause of trauma and emphasises the importance of understanding how these behaviours shape the child's daily experiences. Government reporting in 2025 acknowledged that the model strengthens trauma-informed practice by promoting consistent language, enhancing professional understanding of coercive control and shifting assessments away from mother-blaming toward perpetrator accountability. Practitioners report that adopting this approach has improved their ability to recognise the cumulative trauma experienced by children and has clarified how interventions can support healing.

Trauma-informed practice requires social workers to recognise that trauma profoundly affects communication. Children may disclose abuse incrementally or through non-verbal cues, such as drawings, play, or emotional withdrawal. Survivors may minimise or normalise harm because they have been conditioned through coercive control to doubt their perceptions or fear consequences

of disclosure. Trauma affects memory, making timelines fragmented, inconsistent or emotionally distorted. Rather than interpreting these responses as dishonesty or evasion, trauma-informed practitioners understand them as protective psychological strategies. This understanding allows social workers to pace conversations carefully, build trust over time and provide reassurance that disclosures will be met with respect and safety rather than judgement.

Health professionals contribute essential trauma-related insights to the multi-agency picture. JTAI findings note that trauma often presents through somatic symptoms such as chronic pain, sleep disturbances, developmental delays or unexplained injuries, particularly in very young children. Health practitioners may identify signs of trauma earlier than other agencies because they have access to antenatal appointments, health checks and consultations in which families feel more able to disclose concerns. Their observations enrich the social worker's understanding of trauma's physical and emotional impact and support the development of trauma-informed safety planning.

Schools also play a vital role in supporting trauma-informed responses. Teachers often observe changes in behaviour, social interactions or learning patterns that signal underlying distress. MARAC guidance acknowledges that educational settings sometimes hold critical information even when the child is not formally involved with social care. Teachers may be among the first to notice signs of trauma such as emotional withdrawal, heightened anxiety, aggression or difficulties concentrating. Recognising these as trauma responses,

rather than behavioural problems, helps create pathways
for early support and ensures that school-based
interventions align with wider safeguarding plans.

For perpetrators, trauma-informed practice does not
mean excusing or rationalising abusive behaviour, but
recognising how trauma may inform patterns of control,
resistance to intervention or manipulation of systems.
Cafcass guidance on typologies of abuse acknowledges
that certain behavioural patterns may reflect unresolved
trauma in the perpetrator, but the guidance remains clear
that responsibility lies solely with the individual who uses
violence or coercive control. A trauma-informed approach
in this context means understanding how perpetrators
may use trauma narratives strategically to influence
professionals and ensuring that responses remain
grounded in accountability rather than empathy that
obscures risk.

Trauma-informed practice in domestic abuse work
ultimately requires a sustained and system-wide
commitment from every agency involved in safeguarding
children and supporting families. It is not a discrete
technique or a set of therapeutic interventions, but a
foundational ethos that shapes how professionals think,
feel, communicate and act. To be truly trauma-informed,
practitioners must understand that domestic abuse inflicts
psychological injuries that are cumulative, pervasive and
often hidden, affecting not only how children and
survivors cope with danger, but how they come to
perceive themselves and the world around them. These
wounds do not resolve simply because a professional
becomes involved or an incident stops. They linger in
memory, behaviour and emotional development, and they

require responses that are patient, sensitive and unwaveringly grounded in safety.

This approach demands that practitioners look beyond behaviour and presentation to understand the trauma beneath. A child who is withdrawn, angry or hypervigilant is not choosing to be difficult; they are responding to an environment where unpredictability, fear and coercion have shaped their neurological and emotional development. Likewise, a survivor who appears hesitant, conflicted or inconsistent may be navigating the psychological residue of years of intimidation, disempowerment and survival-based decision-making. Trauma-informed practice honours these realities rather than pathologising them. By doing so, it reduces the risk that children and non-abusive parents are blamed for coping strategies that once kept them safe.

At its heart, trauma-informed practice is relational. It calls for practitioners to cultivate interactions rooted in empathy, consistency, curiosity and authenticity. It invites them to be attuned to the emotional world of each family member, recognising that healing requires more than problem-solving; it requires connection, predictability and respect. Social workers become agents of safety, offering stability where there has been chaos and providing clarity where confusion and coercion have dominated. This relational grounding helps restore the dignity and trust that trauma so often erodes.

Such practice also challenges the narratives that have historically shaped responses to domestic abuse. Instead of scrutinising the survivor's choices or minimising the child's experiences, trauma-informed practice reframes domestic abuse as a deliberate pattern of harm enacted

by the perpetrator. It shifts professional attention to the
source of risk and helps dismantle victim-blaming
assumptions that undermine both safety and recovery.
This reorientation strengthens children's sense of security
by validating their experiences and modelling a clear
moral stance: the harm they lived through was real,
unjustified and recognised.

Implementing trauma-informed practice at a systemic
level requires robust multi-agency collaboration. Trauma
does not fit neatly within organisational boundaries, and
neither should the response to it. Health, education,
police, social care, voluntary agencies and community
organisations must understand trauma in consistent,
aligned ways so that families do not receive contradictory
messages or experience repeated re-traumatisation
through disjointed interventions. A trauma-informed
system ensures that families are met with understanding
rather than suspicion, coherence rather than
fragmentation, and stability rather than uncertainty.

Ultimately, trauma-informed practice enables child
protection social workers to move beyond crisis
containment toward meaningful recovery work. It
supports children and families not only in surviving
trauma but in rebuilding lives defined by resilience rather
than fear. It acknowledges that healing is possible only
when professionals engage with compassion,
self-awareness and a commitment to reducing harm at
every stage of involvement. In doing so, trauma-informed
practice becomes more than a framework—it becomes a
transformative stance that empowers UK child protection
social workers to help children and families reclaim safety,

reclaim voice and reclaim the future that coercive control sought to take from them.

Professional Curiosity and Assessing Coercive Control

Professional curiosity is one of the most essential skills for child protection social workers responding to domestic abuse. In the United Kingdom, safeguarding reviews, learning reports and multi-agency inspections repeatedly highlight that failures in professional curiosity have contributed to missed opportunities to protect children. Professional curiosity requires a mindset of respectful uncertainty, where practitioners continually question, probe and reflect rather than accepting information at face value. National guidance describes it as the capacity to explore what is happening in a family's life through careful listening, critical thinking and a willingness to ask difficult questions, even when they challenge dominant narratives. Professional curiosity is instrumental in identifying disguised compliance, uncovering patterns of coercive control and recognising risks that are not immediately visible in family presentations.

Coercive control, characterised by domination, intimidation and the erosion of autonomy, presents particular challenges for assessment because it is cumulative, non-incident-based and often masked beneath superficially calm family dynamics. JTAI guidance on the multi-agency response to children experiencing domestic abuse underscores that agencies too often focus on individual incidents rather than the perpetrator's overarching behavioural pattern, which obscures the lived experiences of children and non-abusive parents. Children's exposure to coercive control exists not only in

moments of conflict but in the everyday climate of fear
that shapes routines, silences dissent and controls
relationships. Professional curiosity allows practitioners to
look beyond the immediate presentation of the family and
consider the deeper dynamics that shape their behaviour,
interactions and emotional states. This involves
recognising that both children and survivors may minimise
harm due to fear, shame or conditioning, and that
perpetrators may present as plausible, articulate or
victimised in ways that confuse or influence professionals.

The practice of professional curiosity also requires
practitioners to interrogate their own assumptions and
biases. Safeguarding reviews regularly note that
professionals who do not challenge their internal
narratives, or the narratives presented to them by
perpetrators; risk accepting situations at face value and
inadvertently colluding with harmful dynamics. In cases of
domestic abuse, perpetrators often rely on professionals'
desire for harmony, avoidance of conflict or over-reliance
on verbal disclosures, using charm, manipulation or
hostility to shape the professional's perception. This is
particularly evident in situations of disguised compliance,
where perpetrators may appear cooperative or apologetic
while continuing covert control and intimidation.
Professional curiosity requires workers to test their
hypotheses, triangulate information, and revisit
discrepancies, recognising that inconsistencies may signal
underlying coercion rather than miscommunication.

Assessing coercive control is inherently complex because
it involves identifying patterns rather than events. Cafcass
guidance emphasises the need for practitioners to
understand coercive control as a lived experience that

shapes a child's daily life through chronic fear, hypervigilance and disrupted attachment. The guidance stresses that coercive control cannot be assessed through incident counting but must be understood through a child-impact lens that considers how the perpetrator's behaviour affects the child's emotional security, development and stability. This requires social workers to ask questions that explore the subtler forms of control: who makes decisions in the household, how routines are established, who the child fears upsetting and how the non-abusive parent manages the perpetrator's moods. Such enquiry uncovers the patterned, relational nature of harm, revealing a far deeper level of risk than traditional risk assessments might capture.

Professional curiosity also involves recognising when information is missing and understanding the significance of that absence. Practitioners must be alert to situations where access to family members is restricted, where communication appears controlled, or where only one parent speaks on behalf of others. The 2025 All-Age Professional Curiosity Briefing emphasises that professionals must adopt a sceptical mindset when information feels overly polished or selectively shared and must pursue alternative sources of evidence where possible. This approach is particularly important when assessing coercive control, as perpetrators often control narratives by withholding information, distorting events or discrediting the non-abusive parent. Professional curiosity ensures that the practitioner does not inadvertently accept these distortions as factual.

A further dimension of assessing coercive control is understanding how cultural, social and structural factors

shape its expression. Marginalised families may face
additional barriers that perpetrators exploit, including
immigration status, language barriers or societal stigma.
MARAC guidance acknowledges that victims from certain
cultural backgrounds may be unable to disclose abuse due
to fear of community retribution, honour-based pressures
or limited access to services. Professional curiosity helps
practitioners avoid cultural assumptions and explore the
unique pressures within the family's social context,
enabling a more accurate understanding of how coercion
operates and how risk manifests.

JTAI findings repeatedly emphasise that effective
assessment of coercive control requires strong
multi-agency collaboration. Information held by the police
regarding call-outs or breaches of protective orders,
combined with insights from health professionals about
physical or psychological symptoms, and observations
from education about behavioural changes, contribute to
the wider picture of how coercive control impacts the
child. Professional curiosity guides the social worker in
synthesising this information, questioning anomalies and
identifying themes that reveal ongoing harm. It also
provides the foundation for professional challenge when
agencies interpret information differently or when
practice becomes overly incident-focused.

Ultimately, professional curiosity and the assessment of
coercive control are inseparable components of effective
child protection work in domestic abuse contexts.
Professional curiosity provides the lens through which
practitioners can see beyond surface narratives, while
coercive control assessment offers the framework for
understanding how patterns of power and domination

create enduring harm. Together, they ensure that safeguarding practice is grounded in critical enquiry, child-centred understanding and a commitment to uncovering the truth of families lived experiences. By combining these approaches, UK child protection social workers can more accurately identify risk, challenge harmful narratives, hold perpetrators to account and support survivors and children in ways that are thorough, compassionate and informed by the complex realities of coercive control.

Recording, Reporting and Evidencing Domestic Abuse

Recording, reporting and evidencing domestic abuse are foundational aspects of effective child protection practice in the United Kingdom. For social workers, these tasks are not merely administrative responsibilities; they are safeguarding actions that shape risk assessments, influence multi-agency responses and contribute to legal decisions that can profoundly impact the lives of children and families. Good recording enables clear understanding, transparency and accountability among professionals, while poor or incomplete documentation can distort the picture of risk, obscure the lived experiences of victims and weaken protection efforts. Joint Targeted Area Inspection (JTAI) reports highlight that one of the critical weaknesses in the multi-agency response to domestic abuse is inconsistency in how children's experiences are captured and evidenced, despite their legal recognition as victims under the Domestic Abuse Act 2021.

The process of evidencing domestic abuse must begin with accurate and sensitive recording of the child's lived experience. Inspectors across Ofsted, the CQC, HMICFRS and HMIP have expressed concern that professional practice often remains overly focused on adults, particularly the survivor, rather than fully capturing how domestic abuse affects children directly. This failure to evidence children's voices results in underestimation of risk and can lead to unsafe decision-making in safeguarding interventions. Effective recording must therefore include clear descriptions of what the child has

seen, heard or experienced, the emotional and
behavioural impact of these experiences, and any
observable signs of trauma or distress. It also requires
social workers to document the broader context of
coercive control, including patterns of intimidation,
isolation, surveillance or manipulation that may not be
visible in incident-based reports, but which shape the
child's daily reality.

Reporting domestic abuse within multi-agency settings
requires a shared language and consistent documentation
standards. JTAI findings stress that agencies often have
different thresholds for recording, which leads to
fragmented narratives and gaps in understanding risk. For
instance, police information about call-outs or breaches of
protective orders must be integrated with social care
observations, health records and educational concerns to
build a coherent picture. Effective reporting must also
capture discrepancies, contradictions or patterns that
suggest minimisation or disguised compliance by the
perpetrator. The capacity to record these nuances
accurately is essential, because perpetrators frequently
attempt to manipulate professional perception by
presenting themselves as cooperative or victimised. This is
why professional curiosity; described in national guidance
as the capacity to explore, probe and question
information thoughtfully, is indispensable in evidencing
domestic abuse.

The legal system places significant weight on the quality of
professional evidence, particularly in cases involving
protective injunctions or child arrangements. The Family
Justice Council's Best Practice Guidance for Practitioners
on making applications under the Family Law Act 1996

emphasises that practitioners must produce clear, structured and well-evidenced statements that articulate the nature, pattern and impact of domestic abuse. The guidance includes model witness statement templates to support practitioners in presenting information that is thorough, factual and aligned with judicial expectations. Accurate social work recording feeds directly into this process, enabling courts to make decisions grounded in the realities of the child's experiences and safeguarding needs.

MARAC (Multi-Agency Risk Assessment Conference) processes further illustrate the importance of precise and detailed recording. MARACs are convened to address the highest-risk domestic abuse cases, and the quality of information shared by each professional directly influences the effectiveness of the coordinated action plan. When social workers provide detailed, evidence-rich reports, they help ensure that the child's needs and risks are fully understood in the context of the perpetrator's behaviour and the survivor's protective efforts. Poorly evidenced reports, however, can obscure the seriousness of risk or fail to highlight escalating patterns of harm. Updated MARAC protocols underscore that agencies must document and share relevant information promptly, including risk indicators, historical patterns, and any concerns regarding children's safety or wellbeing.

Evidencing domestic abuse also requires attention to the structural barriers that shape family engagement with services. Research from the Domestic Abuse Commissioner's *Everyday Business* review shows that family courts often struggle to recognise domestic abuse because of inadequate documentation, inconsistencies in

reporting and a tendency for systems to minimise or overlook the survivor's narrative. These gaps contribute to re-traumatisation of survivors and can lead to unsafe and unsustainable court orders that do not reflect the true level of risk to children. Effective social work recording must therefore highlight not only incidents of abuse but also patterns of control, the survivor's protective strategies, the child's emotional experience and the broader context of systemic barriers that may influence disclosure or engagement.

Another critical component of evidencing domestic abuse is the clear documentation of coercive control. Coercive control is insidious, cumulative and relational, often leaving no physical evidence. A behaviourally specific recording approach is necessary, describing how the perpetrator's actions restrict the survivor's autonomy, undermine their parenting, isolate them from support networks or instil fear in the child. Guidance from inspections demonstrates that limited understanding of coercive control among some professionals leads to inadequate recording, resulting in underestimation of risk and failure to protect children. Social workers must therefore use descriptive, analytical language that captures patterns of control rather than relying solely on incident logs or generalised references to arguments or conflict.

The importance of evidencing domestic abuse extends beyond immediate safeguarding decisions. High-quality documentation contributes to long-term recovery by ensuring continuity of support as families move between services. It helps prevent re-traumatisation by reducing the need for survivors to repeatedly recount painful

events. It also strengthens accountability by ensuring that perpetrators' actions are clearly recorded, challenged and addressed across all professional domains. The UK Government's 2025 response to the Domestic Abuse Commissioner's report emphasises the need for better data and evidence-gathering across all agencies to ensure accurate identification of need and risk, especially for children.

Ultimately, recording, reporting and evidencing domestic abuse are acts of safeguarding. They require social workers to be precise, analytical and compassionate, documenting not only what is said but what is implied, observed and patterned over time. Good recording elevates the voices of children, validates the survivor's experiences and exposes the perpetrator's behaviour with clarity and rigour. In doing so, it strengthens multi-agency responses, informs safe and just legal outcomes and lays the foundation for healing and protection. Through skilled documentation, UK child protection social workers play a critical role in ensuring that domestic abuse is not only seen but understood and that children and their families receive the safety and support they deserve.

Critical Analysis and Reflective Practice

Critical analysis and reflective practice form the intellectual and ethical foundation of high-quality child protection social work in domestic abuse contexts. These practices enable social workers to move beyond surface impressions, challenge their own assumptions and remain vigilant to the complexity of coercive control, trauma and family dynamics. In the United Kingdom, safeguarding reviews and multi-agency inspections consistently highlight that failures in critical analysis contribute to missed opportunities to protect children, misunderstandings of risk and professional responses that inadvertently reinforce perpetrator narratives. The need for rigorous critical thinking and reflective engagement has become increasingly urgent as domestic abuse cases grow more complex and as agencies attempt to work together within high-pressure systems shaped by resource constraints, information gaps and structural inequalities.

The concept of critical analysis in social work is closely tied to *professional curiosity*, described in national guidance as the practitioner's capacity to look, listen and question beyond the obvious rather than accepting information at face value. Professional curiosity requires *respectful uncertainty-* a stance in which practitioners maintain an open mind and apply critical evaluation to all information shared by families and other professionals. This reflective stance is essential because domestic abuse is frequently concealed through manipulation, minimisation and disguised compliance. Perpetrators often present as plausible, calm or cooperative, using charm or hostility to influence professionals' perceptions. Such dynamics are

particularly dangerous in child protection contexts; without active critical analysis, practitioners may accept misleading accounts that downplay coercive control or falsely shift responsibility onto the survivor.

Joint Targeted Area Inspection (JTAI) guidance reinforces the importance of this analytical mindset, noting that professionals often focus too heavily on immediate incidents rather than examining the *pattern* of harm created by the perpetrator. Domestic abuse rarely occurs as isolated events. Its true impact lies in the cumulative control, fear and instability it creates within a child's life. Critical analysis requires practitioners to synthesise information from multiple sources such as police, health, education, housing, probation and specialist domestic abuse services, to form a coherent understanding of risk. When agencies do not critically analyse how their information connects, the system can misinterpret domestic abuse as "marital conflict" or mutual argument, failing to recognise the unilateral nature of coercive control and leaving children unprotected.

Reflective practice operates alongside critical analysis as a personal and professional discipline. It requires social workers to examine how their own emotional responses, experiences, biases, and organisational pressures influence decision-making. National guidance on reflective and curious practice emphasises the need for practitioners to explore families lived experiences and understand multiple perspectives, including their own. Reflection allows practitioners to recognise how assumptions about gender, culture, class, disability or parenting norms may influence their interpretation of information. For example, survivors from marginalised

backgrounds may fear state involvement, speak less
confidently in English or present as withdrawn. Without
reflective analysis, practitioners may misinterpret these
trauma-based responses as disengagement or resistance,
rather than as rational survival strategies shaped by
coercive control.

The relationship between reflective practice and disguised
compliance is particularly important in domestic abuse
work. Guidance on professional curiosity warns that
practitioners must be able to identify when a parent or
carer appears cooperative while actually masking harmful
behaviours. In domestic abuse cases, disguised
compliance often appears in perpetrators' efforts to
reassure professionals, attend meetings or express
remorse, without making any meaningful behavioural
changes. Reflective practice helps social workers
interrogate these presentations and understand how their
own desire for harmony or reassurance may create blind
spots. Critical analysis demands that practitioners test
their hypotheses, return to the evidence and triangulate
accounts to avoid collusion with the perpetrator's
narrative.

Reflective practice is also essential for understanding how
structural pressures shape professional responses. JTAI
findings highlight that social workers and partner agencies
operate in environments constrained by limited resources,
high caseloads, workforce shortages and system
fragmentation. These pressures can contribute to
decision-making that is reactive rather than analytical and
to recording that prioritises procedural completion over
qualitative reflection. Reflective supervision therefore
becomes a crucial protective factor within organisations.

Supervision offers a structured space for social workers to discuss uncertainty, challenge their own interpretations, explore emotional responses and develop more grounded assessments of risk.

Critical analysis also underpins the construction of high-quality evidence. Detailed, analytical recording supports safeguarding decisions, informs legal processes and strengthens multi-agency coordination. Without critical reflection, professionals may record events in a fragmented or overly descriptive manner without analysing *what* those events signify for risk, coercive control or child impact. Domestic abuse cases require analytical narratives that track patterns, interpret behaviour and identify how harm is experienced by the child. The absence of such analysis contributes to the inconsistencies in evidencing children's experiences highlighted by inspectorates.

Reflective practice also contributes to ethical decision-making. Working with families experiencing domestic abuse inevitably involves uncertainty, emotional strain and moral complexity. Practitioners must balance competing needs: protecting children, supporting survivors, challenging perpetrators and navigating legal frameworks. Reflective practice encourages practitioners to acknowledge these tensions openly, consider the ethical implications of their decisions and recognise how their own values shape their actions. It allows them to slow down in moments of crisis, think critically about the options available and avoid over-reliance on instinct, habit or organisational culture.

Furthermore, reflective practice enables practitioners to recognise when systems fail and to advocate for change.

Structural issues such as siloed working, pro-contact culture in family courts, and inconsistent recognition of coercive control, have been identified as contributing factors to unsafe outcomes for children. The Domestic Abuse Commissioner's reports show that survivors and children are often retraumatised by processes that do not centre their experiences or fully recognise domestic abuse. Critical and reflective practitioners are better positioned to challenge these systemic shortcomings, ensure that the child's voice remains central and promote practices that uphold safety and justice.

In domestic abuse contexts, critical analysis and reflective practice are not optional extras but core safeguarding tools that sit at the very heart of ethical, evidence-based social work. They are indispensable precisely because domestic abuse is a field where so much remains hidden, where narratives are manipulated, and where children's voices can be easily overshadowed by louder, more confident, or more coercive adults. These practices equip social workers to look beyond surface presentations, challenge intuitive but unsafe assumptions, and remain alert to the subtle cues that reveal deeper patterns of coercive control. They demand a level of intellectual discipline and emotional honesty that enables practitioners to think carefully, question consistently and maintain curiosity even when explanations appear straightforward or when workloads, time pressures and organisational demands might push them towards quicker, less reflective decisions.

Critical analysis and reflective practice protect against the dangers of minimisation by ensuring that the full gravity of domestic abuse is neither diluted nor reframed as mutual

conflict. They safeguard against victim-blaming by keeping
the perpetrator's behaviour at the centre of risk
assessments, and they guard against professional
complacency by encouraging practitioners to revisit,
reassess and revise their thinking as new information
emerges. In a field where perpetrators may use charm,
intimidation or manipulation to influence professionals,
these practices act as safeguards against collusion;
whether conscious or inadvertent, by helping social
workers maintain clarity of purpose and a steadfast
commitment to children's safety.

They also support practitioners in staying attuned to the
emotional worlds of both children and survivors. Domestic
abuse often leaves behind layers of fear, confusion and
trauma, and reflective practice ensures that these
experiences are acknowledged rather than overshadowed
by procedural demands or professional detachment. It
allows social workers to hold space for the child's voice, to
understand the survivor's coping strategies without
judgement, and to recognise how trauma may shape
communication, memory and presentation. By holding
these complexities with compassion and analytical rigour,
practitioners ensure their actions are not only
procedurally correct but emotionally intelligent and
contextually grounded.

Critical analysis strengthens the accuracy and integrity of
safeguarding work by ensuring that assessments are
robust, evidence-led and resistant to oversimplification. In
multi-agency contexts, reflective practice helps
practitioners collaborate more effectively, as they learn to
question interpretations, challenge inconsistencies and
value the unique insights that each agency brings. This

collaborative reflection fosters a culture of shared
responsibility where risk is understood collectively, and
where no single perspective dominates at the expense of
a child's safety.

Ultimately, these practices contribute to safeguarding
responses that are thoughtful, balanced and
trauma-informed. They enable practitioners to intervene
not just decisively but wisely, considering the full context
and complexity of each family's situation. Through their
commitment to critical analysis and reflective thinking, UK
child protection social workers uphold their responsibility
not only to disrupt harm but to deeply understand the
patterns, dynamics and human stories behind it. In doing
so, they create space for interventions that restore safety,
uphold dignity and promote meaningful change. These
practices are essential for helping children and families
move towards lives shaped by stability, empowerment
and resilience rather than by trauma and fear.

Court Work, Public Law, and Domestic Abuse Cases

Working within the public law arena is one of the most complex responsibilities of a child protection social worker responding to domestic abuse. Court work requires practitioners to translate lived experiences, patterns of coercive control and nuanced safeguarding concerns into clear, evidence-based legal narratives. Domestic abuse cases regularly intersect with public law proceedings under the Children Act 1989, private law disputes within the family courts and criminal justice processes, each carrying unique demands and procedural frameworks. Central to all these contexts is the requirement that social workers understand how domestic abuse is defined, evidenced and addressed within the legal system, and how their professional assessments shape outcomes for children and non-abusive parents.

The legislative landscape governing domestic abuse in the family justice system has evolved significantly in recent years, driven by the Domestic Abuse Act 2021 and subsequent practice reforms. Mapping of domestic abuse activity within the family justice system between 2020 and 2025 shows the breadth of legislative and procedural developments shaping the court's approach to domestic abuse, including implementation of the Domestic Abuse Act 2021, changes to the Family Procedure Rules, expanded protections around cross-examination and evolving case law. These reforms place a stronger emphasis on recognising domestic abuse as a pattern of behaviour rather than isolated incidents, explicitly

including coercive control, emotional abuse and economic
manipulation within the statutory definition. The
recognition of children as victims in their own right when
they see, hear or experience', domestic abuse is now
embedded in both statute and judicial guidance,
reshaping how the family and public law courts consider
harm to children.

Domestic abuse cases within public law proceedings
require social workers to evidence not only the
occurrence of abuse but its impact on the child and its
implications for parenting capacity. Inspectorate findings
from 2026 warn that children's experiences of domestic
abuse are still not consistently recognised within
assessments and evidence submitted to court. In some
local areas, practice remains too focused on adult needs
and risks rather than placing the child's lived experience at
the centre. This inconsistency reflects a broader historical
challenge: domestic abuse is often minimised or reframed
as mutual conflict without sufficient analytical exploration
of patterns of coercive control. When this occurs, courts
risk making decisions without a full understanding of how
the perpetrator's behaviour compromises the child's
safety and wellbeing, potentially resulting in unsafe
contact arrangements or failures to intervene.

In both public and private law proceedings, evidencing
coercive control requires a careful, detailed approach.
Family court guidance emphasises that practitioners must
highlight behaviour patterns, the perpetrator's use of
intimidation or manipulation and the survivor's protective
actions within their statements. The Family Justice
Council's Best Practice Guidance for applications under
the Family Law Act 1996 includes a model witness

statement template that reinforces the need for clear, structured evidencing in applications for protective injunctions. Although primarily written for legal practitioners, the principles within this guidance apply equally to social workers preparing evidence for court: clarity, chronology, behavioural detail and a child-focused analysis are essential.

Within public law proceedings, the role of the local authority is shaped by statutory duties to safeguard and promote the welfare of children. *Working Together to Safeguard Children* outlines the requirement for strong multi-agency practice and a child-centred approach. It reinforces that safeguarding partners must share information, coordinate responses and ensure that assessments and court reports reflect a holistic understanding of the child's circumstances, including exposure to domestic abuse. For social workers, this requires integrating insights from police, education, health and domestic abuse specialists into their court reports, demonstrating a comprehensive and multi-disciplinary understanding of risk.

The family courts' approach to domestic abuse has also been influenced by the broader cultural and structural issues identified by the Domestic Abuse Commissioner's 2025 review. The report, 'Everyday Business,' highlights that the family courts still grapple with deeply embedded structural barriers, including pro-contact culture, adversarialism and the minimisation of domestic abuse in decision-making. These barriers often result in re-traumatisation for survivors and unsafe or unsustainable orders for children. Social workers providing evidence in public law cases must be acutely aware of these systemic

challenges, ensuring that their analyses do not inadvertently reinforce minimisation or assume that contact with an abusive parent is inherently beneficial. Instead, their role is to present nuanced, evidence-driven arguments that articulate both risk and protective factors, always prioritising the child's welfare.

Recent developments in protective powers further shape the legal environment in which social workers operate. The introduction of Domestic Abuse Protection Notices (DAPNs) and Domestic Abuse Protection Orders (DAPOs), launched across selected areas in late 2024 and scheduled for national rollout, expands the legal tools available to safeguard victims and children. These measures allow courts; including family courts, to impose conditions such as exclusion zones, tagging and mandatory behaviour change programme attendance, with breaches treated as criminal offences. Social workers must understand the implications of these orders, how they interact with public law processes and how they can be incorporated into safety planning for children.

Case law also continues to shape social work practice in domestic abuse cases. Decisions such as *Re H-N [2021]* and *K v K [2022]* have emphasised the need for courts to avoid over-reliance on Scott Schedules, instead focusing on broader patterns of behaviour, especially coercive control. These cases require social workers to frame their evidence in a way that aligns with judicial expectations: emphasising patterns rather than incidents, exploring behaviour change, or lack thereof, and linking parental behaviour directly to child impact. The social worker who fails to do these risks producing evidence that is

technically detailed but analytically weak, leaving the court without a reliable basis for understanding risk.

The Crown Prosecution Service's guidance on domestic abuse, updated multiple times between 2022 and 2026, reinforces the importance of understanding the dynamics of abuse, the escalation of risk and the lasting trauma imposed on victims and children. It underscores that domestic abuse is not a single offence but a pattern that includes physical, emotional, psychological and financial harm. For social workers, this aligns with their responsibility to present evidence within public law proceedings that accurately captures not just what happened, but what it means for a child's safety, development and long-term wellbeing.

Court work in domestic abuse cases demands not only analytical depth but emotional literacy. Social workers must navigate the tensions between surviving parents' trauma responses, children's coping strategies and the legal system's expectations for clarity and "objectivity." Reflective practice becomes vital as workers prepare statements, attend hearings and respond to cross-examination. Emotional reactions, assumptions about parental behaviour and unconscious biases can all affect how evidence is framed. Ensuring that reflective practice is embedded within supervision and preparation routines strengthens the accuracy, fairness and safeguarding integrity of court-based work.

Public law proceedings also test the quality of multi-agency collaboration. Social workers must draw on partners' information to create holistic evidence for court. Inspectorates highlight persistent challenges in information-sharing across agencies, noting that

uncertainty about data sharing can hinder the quality of
assessments. In domestic abuse cases, where risk often
escalates quickly and unpredictably, timely and
coordinated reporting is essential. Court evidence must
therefore demonstrate not only the social worker's
analysis, but the collective picture produced by all
safeguarding partners.

Ultimately, court work in domestic abuse cases requires
social workers to balance compassion, objectivity, critical
evaluation and a deep understanding of coercive control.
Their evidence must be thorough, child-centred and
aligned with modern legal frameworks. It must expose the
perpetrator's behaviour clearly, highlight the survivor's
protective actions and avoid framing the survivor's
trauma-based responses as parental failings. In doing so,
social workers contribute to legal outcomes that genuinely
reflect children's needs and safety. Through meticulous
preparation, reflective practice and a firm grounding in
domestic abuse expertise, UK child protection social
workers ensure that the court's decisions are informed,
just and focused on protecting children from both
immediate harm and the longer-term impacts of living
with domestic abuse.

Supporting Social Workers: Supervision, Vicarious Trauma and Wellbeing

Supporting social workers who practice within the highly demanding field of domestic abuse and child protection is an essential component of an effective safeguarding system. Domestic abuse work confronts practitioners with some of the most emotionally charged, ethically complex and psychologically taxing scenarios within social care. Every assessment, home visit, strategy meeting and court report exposes them to accounts of coercive control, trauma, violence and fear. Over time, the cumulative impact of this work can take a significant toll on practitioners' emotional resilience, reasoning and decision-making capacity. The need for robust supervision, organisational support and proactive wellbeing strategies is therefore not ancillary but integral to maintaining high standards of safeguarding practice.

The pressures under which child protection social workers operate have been repeatedly highlighted through national inspection activity. Joint Targeted Area Inspections underscore that societal pressures, resource limitations and organisational constraints shape professional practice in ways that can undermine analytical rigour and consistency. These inspections note that growing caseloads, the increased complexity of domestic abuse cases and systemic fragmentation create difficult working conditions that place additional strain on frontline staff. When professionals are stretched beyond capacity, reflective thinking becomes harder, emotional responses intensify and the risk of cognitive shortcuts or

defensive practice increases. The demands made on social workers in domestic abuse cases cannot therefore be understood solely as individual challenges; they must be recognised as part of a broader ecological system that requires collective organisational responsibility.

Effective supervision plays a vital role in supporting practitioners to process the emotional weight of domestic abuse work. Reflective supervision provides a dedicated space for social workers to explore their feelings, consider how trauma narratives have impacted them and analyse how their own emotional state might influence assessments. Guidance on professional curiosity emphasises that practitioners must maintain respectful uncertainty and avoid taking information at face value; however, this mindset can only be sustained when supervision enables them to disentangle their emotional reactions from the complex dynamics they are working within. Without this space, the likelihood of skewed decision-making increases; especially when perpetrators use manipulation, disguised compliance or intimidation to influence professionals.

Vicarious trauma is an inherent risk in domestic abuse practice. Through repeated exposure to survivors' accounts of abuse, children's narratives of fear or guilt and the unpredictable behaviour of perpetrators, social workers may internalise elements of the trauma to which they are continually exposed. Symptoms of vicarious trauma can include emotional exhaustion, hypervigilance, sleep disruption, irritability, intrusive thoughts and even diminished empathy. While these symptoms are natural human responses to chronic exposure to suffering, they can impair judgment, reduce reflective capacity and

heighten susceptibility to professional burnout.
Importantly, inspectorate reports indicate that systemic
factors such as inconsistent multi-agency collaboration,
unclear thresholds or insufficient training, contribute to
the cumulative pressures facing practitioners, intensifying
the likelihood of psychological strain.

Supervision also plays a crucial role in strengthening
professional curiosity, a theme identified repeatedly in
safeguarding guidance as essential for effective child
protection practice. Professional curiosity requires
practitioners to probe, question, triangulate information
and remain open to alternative explanations rather than
accepting surface narratives. This becomes especially
important in domestic abuse cases, where perpetrators
may deliberately attempt to mislead, manipulate or charm
professionals. Without robust reflective support, social
workers can become less able to separate truth from
distortion, particularly when dealing with perpetrators
who present confidently or persuasively. Supervision
therefore becomes a mechanism not only for emotional
support but for strengthening analytical capacity.

In addition to supervision, organisational culture plays a
pivotal role in shaping practitioner wellbeing. *Working
Together to Safeguard Children* stresses that safeguarding
requires strong, consistent multi-agency practice driven by
clear expectations, shared standards and a collaborative
ethos. Organisations that embed a supportive,
learning-focused culture, rather than a blame-oriented
one, are better equipped to help practitioners manage the
emotional and cognitive demands of domestic abuse
work. In such environments, supervision is not reduced to
performance management or procedural oversight but is

protected as a reflective, developmental space where practitioners can bring uncertainty, distress and complex dilemmas without fear of judgement.

Legal processes further increase emotional pressure on practitioners. Court work requires social workers to provide clear and defensible evidence, withstand cross-examination and articulate complex patterns of coercive control in ways that make sense to the court. The Family Justice Council's guidance highlights the need for structured, coherent and rigorous evidence in domestic abuse cases, particularly in applications for protective orders. Preparing for such work can intensify anxieties and activate vicarious trauma, particularly when practitioners must repeatedly revisit distressing material. Supportive supervision and wellbeing measures help practitioners manage the psychological demands of court work and maintain clarity in their professional reasoning.

Organisations must also recognise that vicarious trauma exists in tension with the duty to maintain trauma-informed practice. Social workers cannot effectively support traumatised children and survivors if they themselves are operating in states of overwhelm or emotional numbing. A trauma-informed organisational approach acknowledges that staff wellbeing is a safeguarding issue in itself. It recognises that practitioners require space to process what they witness, opportunities for restorative reflection and mechanisms to regain emotional balance. Without such support, practitioners risk losing their capacity for empathy or becoming overly burdened by the emotional weight they carry on behalf of the families they support.

Multi-agency working can either mitigate or exacerbate practitioner stress. When agencies collaborate effectively by sharing information, coordinating responses and providing mutual professional support, social workers experience greater confidence in their assessments and reduced emotional load. However, when systems are fragmented, when agencies disagree about thresholds or put conflicting expectations on practitioners, stress levels rise. As national inspection findings show, inconsistent understanding of coercive control across agencies increases workloads, delays interventions and contributes to professional frustration. Emotional labour increases when social workers must repeatedly justify assessments or navigate disagreements rooted in systemic disparity. Supervision and wellbeing frameworks help buffer practitioners against these system-level pressures.

Ultimately, supporting social workers in domestic abuse practice requires a holistic, sustained and system-wide commitment. Individual resilience cannot compensate for chronically high workloads, insufficient multi-agency coordination or organisational cultures that inadequately support reflective practice. Vicarious trauma is not a sign of personal weakness but a predictable outcome of working with complex emotional narratives. Supervision must therefore be viewed not as a luxury but as an ethical imperative, enabling practitioners to reflect, restore and remain grounded in the values that underpin child protection work.

By providing structured, reflective supervision, recognising the impact of vicarious trauma and embedding a culture that prioritises practitioner wellbeing, UK safeguarding agencies strengthen the quality of practice across the

entire system. Supported practitioners are better
equipped to think critically, act compassionately, analyse
risks accurately and uphold the central principles of
trauma-informed, child-centred domestic abuse work. In
doing so, they protect not only the children and families
they serve but also the integrity and sustainability of the
profession itself.

Best Practice Case Studies and Learning From Serious Case Reviews

Serious Case Reviews (SCRs), now replaced by Child Safeguarding Practice Reviews (CSPRs), remain one of the most important sources of learning for UK child protection social workers responding to domestic abuse. They provide insight not only into cases where children died or suffered significant harm, but into the systemic, professional and organisational factors that enabled abuse to escalate or remain hidden. These reviews examine family histories, agency involvement, decision-making processes and the broader socio-structural context, creating an invaluable resource for improving practice. For practitioners working with domestic abuse, particularly coercive control, these reviews illuminate recurring patterns of missed opportunities, misinterpretations, inadequate assessments and failures in multi-agency coordination. They also highlight powerful examples of best practice, where professionals demonstrated persistence, curiosity and trauma-informed approaches that changed the trajectory of children's lives.

Recent learning collated from reviews between 2022 and 2025 highlights how domestic abuse is frequently complex, intersectional and deeply embedded within family dynamics. A 2026 briefing analysing domestic abuse-related case reviews found that professionals often struggled to identify coercive control, which significantly affected the quality of assessments. In multiple cases,

domestic abuse was present but not recognised in its full severity, resulting in practitioners underestimating risk and failing to explore the child's experiences in depth. This illustrates a persistent challenge: while professionals may identify physical violence or incidents of conflict, they may overlook the controlling environment that shapes children's daily lives. Reviews consistently show that when professionals focused narrowly on isolated events, they inadvertently missed the relational patterns that posed the greatest dangers.

One case from the 2025 NSPCC repository involved a young mother, Child A, who was experiencing coercive control within an adolescent relationship. The review noted that despite clear evidence of harmful sexual behaviour, coercive control and significant psychological distress, there were failures in transferring information between local authorities and gaps in multi-agency coordination during pregnancy. The review highlighted learning around pre-birth assessments, especially when the expectant mother is herself a child or young person living under coercive control. In such situations, social workers must adopt a developmental lens, recognising that young parents may lack the cognitive, emotional or relational capacity to articulate risk or to escape dynamics of control. Best practice in this review was demonstrated by professionals who recognised inconsistencies in the young mother's account and persisted in exploring her reality with empathy and professional curiosity.

Another recurring theme across SCRs is the importance of understanding how domestic abuse intersects with parental trauma, mental health, addiction and neglect. Many reviews involve families where domestic abuse

co-exists with chronic neglect, parental substance misuse or unresolved childhood trauma. The Child Safeguarding Practice Review Panel's national reviews reinforce that children are often harmed not by a single factor but by the cumulative impact of multiple, interacting adversities within a context of domestic abuse. These reviews emphasise that practitioners must avoid viewing issues in isolation. For example, a parent's alcohol misuse cannot be understood without considering whether it functions as a coping mechanism for coercive control. Similarly, a child's unexplained withdrawal or aggressive behaviour cannot be assessed without exploring whether they live in a context of chronic fear.

A 2026 thematic briefing on domestic abuse reviews highlighted significant learning regarding children's silence in abusive households. Reviews showed that children do not always disclose harm, not because they are unaffected, but because perpetrators manipulate them into silence, or they fear consequences for themselves or the non-abusive parent. In some cases, children were coached, bribed or threatened not to speak to professionals. In others, children learned from the emotional climate that speaking out was unsafe. This underscores the importance of trauma-informed direct work with children, where practitioners build trust slowly and create opportunities for children to express their experiences in ways that are developmentally appropriate. Case studies demonstrate that the most effective practitioners persisted gently over time, used creative communication tools and validated children's feelings without rushing disclosure.

Multi-agency working emerges consistently as both a strength and a vulnerability in case reviews. Many SCRs highlight situations where domestic abuse was known to one agency but not to others, where information was not shared or where differing thresholds led to fragmented understanding. A 2026 NSPCC briefing showed that failures in information-sharing often stemmed from misunderstandings about responsibility or overly narrow interpretations of confidentiality. Conversely, best-practice examples highlighted in these reviews include professionals who took a whole-family approach, synthesised information across agencies and escalated concerns when thresholds were disputed. These practitioners understood that multi-agency working is not simply about exchanging information but about weaving together a coherent narrative of risk.

Learning from national reviews further reinforces the importance of identifying risk at the earliest stages of a child's life. The Child Safeguarding Practice Review Panel's national review "Protecting All Vulnerable Babies Better" emphasises the dangers posed to infants living in households affected by domestic abuse, particularly when combined with parental mental health needs or unstable home environments. Infants are uniquely vulnerable because they cannot verbally communicate distress, rely completely on their caregivers and are disproportionately harmed by instability or emotional unavailability. Best practice examples from reviews show that early, assertive intervention; combined with robust pre-birth assessments, can prevent tragic outcomes.

Case reviews also reveal the importance of professional curiosity and challenge. Reviews repeatedly point to

situations where professionals did not ask probing questions, accepted the perpetrator's narrative or failed to test their hypotheses. The professional curiosity guidance emphasises that practitioners must engage critically with what they observe, maintain scepticism about overly neat explanations and explore discrepancies across accounts. Reviews show that when social workers challenged minimisation, triangulated information and involved specialist domestic abuse services, they were more likely to disrupt patterns of coercive control and protect children effectively.

The learning from SCRs also highlights the importance of addressing racial bias, cultural competence and intersectionality. The national briefing "Race, Racism and Safeguarding Children" (2025) points to instances where biases influenced professional responses, leading to either over-intervention or neglect of risk in families from minority ethnic backgrounds. Domestic abuse case studies show that practitioners sometimes misinterpreted cultural norms or failed to recognise when cultural narratives were being used to mask coercion. Best practice involved practitioners who sought to understand cultural contexts without making assumptions, used interpreters appropriately and remained attuned to how racism, immigration status or disability shaped the survivor's experience.

Across the diverse examples within recent reviews, one message is consistent: domestic abuse must be understood as child abuse. Reviews repeatedly show that children experience domestic abuse not only through witnessing violence but through living in climates of fear, instability and emotional distress. The importance of

centring the child's experience—one of the central
themes in multiple case review briefings—cannot be
overstated. Social workers who bring the child's lived
reality to the forefront of assessments, chronologies and
court statements are more likely to achieve protective
outcomes.

Ultimately, the collective learning from Serious Case
Reviews and national safeguarding reviews illuminates a
path toward best practice: one in which practitioners
demonstrate sustained curiosity, robust analytical
thinking, strong multi-agency collaboration, cultural
sensitivity and trauma-informed engagement with both
children and survivors. These case studies show that
domestic abuse work requires persistence, courage and
reflective practice. They remind social workers that
safeguarding is not only about responding to incidents but
about understanding patterns, dynamics and the
emotional worlds of children living in fear. By synthesising
learning from these reviews, UK child protection
practitioners strengthen their capacity to intervene earlier,
act more decisively and support families with compassion,
clarity and professional integrity.

Emerging Trends: Technology-Facilitated Abuse and Online Risks

Technology is reshaping the landscape of domestic abuse in the United Kingdom, creating new vectors for coercion, surveillance and harassment that extend far beyond the home and persist long after relationships end. As children are increasingly embedded in digital environments; through social media, gaming, messaging apps, smart devices and school platforms; perpetrators are exploiting these spaces to maintain control, monitor movements and manipulate family dynamics. For UK child protection social workers, this requires a step-change in assessment, safety planning and multi-agency coordination: the digital sphere is no longer an adjunct to practice but a primary context in which abuse occurs, is evidenced and must be interrupted. Recent practitioner guidance led by the National Cyber Security Centre underscores that technology-facilitated domestic abuse now features in a growing proportion of cases handled by frontline services, with abusers using tools from account hacking to smart-home devices to track and watch victims and children. This evolution aligns with contemporary social work research which observes that rapid technological change has been co-opted by perpetrators to intensify coercive control, particularly through surveillance technologies and platform-based harassment.

The modalities of technology-facilitated abuse are diverse, but they share a common feature: they transform ordinary devices and online services into instruments of

control. Abusers may compromise email and cloud accounts, exploit password reuse, install stalkerware or use GPS trackers and vehicle telematics to map daily routines, undermining the non-abusive parent's autonomy and making children feel constantly watched. At the same time, social media platforms provide avenues for image-based abuse, impersonation and doxxing, enabling perpetrators to mobilise wider networks in campaigns of humiliation or intimidation that children can see or be drawn into, amplifying harm within peer groups and school communities. Refuge's policy analysis of the Online Safety framework highlights how a significant proportion of issues reported to specialist technology abuse teams are rooted in social media ecosystems; for women and girls in particular, online harassment and intimate image abuse are recurrent tactics used to extend coercive control. These dynamics complicate traditional safeguarding thresholds because digital incidents may appear low-level when viewed individually, yet their cumulative effect mirrors the pattern-based logic of coercive control recognised in UK law.

The regulatory environment is shifting in response to these harms. The Online Safety Act 2023 introduces duties on search and user-to-user services to reduce illegal content, protect children from harmful material and provide accessible reporting routes, with Ofcom empowered to enforce compliance through codes of practice. For social workers, this means that platform-level safety measures, age assurance, content moderation and reporting mechanisms are becoming part of the safeguarding context, offering potential levers when perpetrators weaponise platforms to target children or non-abusive parents. Refuge's analysis of the legislation

emphasises that priority illegal content includes stalking, harassment and forms of intimate image abuse, and that the regulator will have powers to act where companies fail to implement protections, a development that practitioners can factor into safety planning and evidencing. While these reforms are not a panacea and will roll out in stages as Ofcom's codes are finalised, they signal a broader policy turn toward recognising technology-facilitated harm as a mainstream safeguarding concern that sits alongside physical and psychological abuse.

Technology-facilitated abuse intersects with health and public service design in ways that are easy to overlook. Digital access to health records, proxy controls within patient apps and third-party authentication can be misused by perpetrators to monitor appointments, intercept communications or impersonate a partner, raising safeguarding risks that extend deep into routine service pathways. NHS England's digital service design update explicitly acknowledges the risk of technology-facilitated coercive control in features such as 'proxy access,' and sets expectations for product teams to incorporate domestic abuse safeguards into service flows. For child protection social workers, this highlights the need to map digital touchpoints across the family's life; health portals, school platforms, benefits accounts and messaging apps, and to engage partners so that safety by design becomes part of a coordinated plan, not an afterthought. The same NHS analysis points to the prevalence of digital harassment and spyware, contextualising it within broader national prevalence data and emphasising that safeguarding must include digital literacy and mitigation strategies.

Assessing risk in technology-mediated contexts requires
practitioners to adapt core child protection tools to the
realities of connected living. Social work scholarship has
critiqued legacy assessment frameworks for insufficiently
capturing technology-facilitated dynamics, urging the field
to move beyond incident logs toward a pattern-focused
evaluation that includes digital surveillance, platform
manipulation and smart-device control as key markers of
harm. Practitioner guidance supports a structured enquiry
into the family's device ecosystem: phones, tablets,
laptops, wearables, connected home devices, vehicles and
children's gaming consoles, alongside online accounts and
cloud services that may be compromised. In practice, this
means asking precise, behaviourally specific questions
about unusual notifications, unexpected password
prompts, devices 'waking up' at odd times, new 'trusted
numbers' on accounts or inexplicable location awareness
by the perpetrator. These details, when recorded
analytically, can reveal coercive control operating through
technology even where overt violence is absent,
strengthening threshold decisions and informing safe
contact arrangements.

Safety planning must evolve accordingly. Traditional
advice to change passwords or "go offline" is rarely
feasible for families who rely on digital tools for school,
health, work and social support. Instead, practitioners can
draw on the NCSC's practitioner guidance and regional
adaptations to frame graduated safety measures that
balance disruption of abuse with continuity of daily life. In
concrete terms, this may involve staged account recovery
with unique emails and password managers, separation of
critical accounts from shared devices, review of app
permissions and 'family sharing' features, and the

creation of 'clean' communication channels agreed with schools, health teams and the IDVA service. Where smart-home devices have been weaponised, workers should note device serials, reset ownership where safe, and consider temporary de-provisioning while evidence is preserved; a balance that often requires liaison with police cyber units to avoid inadvertent data loss. With adolescents, who may straddle loyalty to both parents, safety plans should anticipate digital triangulation, covert contact and grooming via platforms, and include agreements with schools on device use and reporting routes, aligning with the Act's expanding platform responsibilities.

Evidencing technology-facilitated abuse presents both opportunities and pitfalls. Digital artefacts can provide high-fidelity records of harassment, breaches and surveillance, but they must be collected safely to avoid escalation and preserved in ways that maintain integrity. The NCSC guidance for practitioners stresses pragmatic steps for frontline workers supporting victims to secure accounts and capture evidence, while signposting to police cyber PROTECT networks for live training. Refuge's policy brief further underlines that reforms to intimate image offences and platform duties should improve response pathways, but practitioners still need to coach survivors on safe evidence capture, including screenshots with timestamps, platform reporting receipts and logs of device behaviour that may indicate spyware. At the same time, social workers must avoid instructing survivors to engage in 'counter-forensics' beyond their comfort or legal remit, instead facilitating referrals to specialist tech-abuse services and liaising with police to ensure

chain-of-custody where criminal proceedings are
envisaged.

The legal environment around technology-facilitated
coercive control is dynamic. The statutory definition of
domestic abuse in England and Wales encompasses
psychological and controlling behaviours, and guidance
recognises that monitoring and surveillance are part of
the offending pattern rather than neutral security
practices, an analysis echoed in the social work literature.
The Online Safety Act's staged implementation gives
Ofcom powers to set out codes requiring platforms to
mitigate illegal harms such as stalking and harassment,
which may intersect with family law proceedings through
improved takedown processes and data disclosures. For
practitioners preparing public or private law evidence, it is
increasingly important to articulate how digital behaviours
form a coherent pattern of coercive control that
compromises a child's safety and a survivor's parenting,
rather than presenting isolated tech incidents devoid of
meaning. Refuge's analysis anticipates further tightening
around intimate image abuse and platform accountability,
changes that should be tracked by safeguarding leads and
incorporated into local protocols.

Technology-facilitated abuse also has implications for
equality, diversity and inclusion in safeguarding. Research
indicates that certain groups; young women and girls,
people with learning disabilities and those with insecure
immigration status—face heightened vulnerability in
technology-mediated abuse, both because of the ways
platforms can be exploited and because barriers to
reporting are compounded online. NHS England's
service-design reflections point to additional risks in

health contexts, where "proxy access" or shared devices
can enable abusers to view appointments or messages,
particularly affecting those reliant on carers or
interpreters, thus requiring culturally competent,
accessible safeguarding in digital pathways. For children
and adolescents, the convergence of peer dynamics,
platform virality and algorithmic amplification can turn
private family abuse into public humiliation at speed,
raising the stakes for prompt, trauma-informed school
involvement and coordinated responses that leverage
platform reporting tools while protecting the child's digital
footprint.

Multi-agency practice remains the backbone of effective
intervention. The NCSC's practitioner programme
explicitly encourages frontline professionals, IDVAs and
police to participate in live workshops to build capability
in supporting victims of cyber-enabled domestic abuse,
which can complement local MARAC processes and school
safeguarding mechanisms. NHS England's emphasis on
safeguarding-aware service design provides an
opportunity for local authorities and ICBs to align
strategies so that digital risks are anticipated at system
level, not only at the crisis point. Within this landscape,
social workers can act as integrators: convening schools to
adapt communications, working with health teams on safe
contact flags, engaging police cyber units on evidencing
and advising families on platform safety tools in line with
Ofcom's evolving codes.

The emotional toll on practitioners should not be
underestimated. Technology-facilitated abuse often
involves relentless contact, late-night escalations and
invasive tactics that leave practitioners feeling surveilled

by proxy and families exhausted. Specialist guidance exists precisely because general digital hygiene advice is inadequate when a determined perpetrator is leveraging connected ecosystems to sustain control. Social workers need reflective supervision that addresses the cognitive load of tracking complex digital patterns, and organisations should ensure access to up-to-date training and expert consultation rather than leaving practitioners to 'learn on the job.' Embedding this support aligns with the broader shift toward recognising technology-facilitated abuse as mainstream safeguarding, not a niche specialism, a recognition implicit in both the NCSC practitioner offer and the NHS's service-design reforms.

In conclusion, technology-facilitated abuse is no longer an emerging edge case but a central reality of domestic abuse practice. Perpetrators exploit the connectivity and intimacy of modern life to extend control into every corner of the family's digital existence, affecting children's safety, privacy and wellbeing. The UK's legal and regulatory frameworks are adapting, with the Online Safety Act establishing duties on platforms and Ofcom developing codes to mitigate illegal harms, while sector guidance from the NCSC and NHS equips practitioners to respond with practical, defensible steps. For child protection social workers, best practice now demands a confident grasp of digital threat models, a pattern-focused assessment that integrates online and offline behaviours, collaborative safety planning that is realistic about families' reliance on technology, and evidencing that translates digital tactics into the language of coercive control. Research within social work continues to emphasise that our tools must evolve with perpetrator

tactics, ensuring that children's rights to safety and privacy
are upheld across both physical and digital domains. By
embracing this integrated approach, practitioners can
disrupt technology-enabled coercion, strengthen
multi-agency responses and support children and families
to reclaim not only their homes and relationships but their
digital lives as well

Multi-Agency Escalation and Professional Challenge

Multi-agency escalation and professional challenge are
essential components of safeguarding practice in the
United Kingdom, particularly in domestic abuse work
where risk is dynamic, patterns of coercive control are
frequently minimised or misunderstood, and the
consequences of professional hesitation can be
catastrophic. Domestic abuse cases require coordinated
thinking, decisive action and timely information-sharing
across agencies. Yet Serious Case Reviews, national
safeguarding briefings and Joint Targeted Area Inspections
repeatedly demonstrate that ineffective challenge
between agencies contributes to drift, delay and unsafe
outcomes. The ability of professionals to question
decisions, escalate concerns and pursue resolution is not a
matter of interpersonal preference but a statutory and
ethical obligation embedded in multi-agency safeguarding
arrangements.

Recent Joint Targeted Area Inspections into the
multi-agency response to children who are victims of
domestic abuse highlight persistent inconsistency in how
agencies recognise children as victims in their own right
and respond proportionately to escalating risk. Inspectors
found that while some partnerships demonstrated strong
collaboration, others showed gaps in communication,
inconsistent thresholds and insufficient professional
challenge, resulting in delayed or diluted interventions.
These findings reflect longstanding concerns that
professionals may defer too readily to other agencies'

assessments, accept rationalisations that minimise
coercive control, or fail to escalate concerns when they
disagree with decisions. Domestic abuse is a domain in
which siloed thinking and deference to hierarchy can have
life-altering consequences for children.

Local multi-agency guidance increasingly reflects this
reality. Camden Safeguarding Children Partnership's 2025
domestic abuse guidance emphasises the need for
practitioners to respond assertively when they believe risk
is being underestimated or misunderstood. It recognises
that domestic abuse is often hidden, complex and
multifaceted, and that professionals must be willing to
challenge perspectives that appear incomplete, overly
adult-centred or insufficiently grounded in the child's lived
experience. In practical terms, this means that social
workers must not only identify domestic abuse but must
also advocate for its severity to be recognised by partners
including police, health, education, early help services and
specialist domestic abuse providers.

Multi-agency escalation procedures provide the structure
through which challenge can be enacted. Waltham
Forest's 2026 Multi-Agency Escalation and Professional
Challenge guidance illustrates this clearly, stressing that
disagreements between agencies are a normal and
inevitable part of safeguarding work. The guidance frames
challenge as a constructive, children-centred activity and
underscores the importance of professional civility,
respect and timely communication. It acknowledges that
incivility or avoidance can reinforce unsafe cultures, while
respectful challenge strengthens professional
relationships and ultimately protects children. It also
emphasises the value of real-time communication,

particularly by phone, over email, recognising that
complex disagreements are rarely resolved effectively
through written exchanges alone. This principle is
especially crucial in domestic abuse situations where risk
can escalate dramatically within hours or days.

Other local protocols, such as the Pan-Dorset
Safeguarding Partnership's dispute resolution and
escalation procedure for 2025–2026, similarly reinforce
that professional challenge is integral to safeguarding
culture. The procedure promotes high support alongside
high challenge, encouraging practitioners to explain their
decision-making and be open to scrutiny. It highlights that
effective challenge is rooted in curiosity, a willingness to
explore different perspectives and a commitment to
re-centring decisions on the child's voice, experiences and
safety; principles entirely aligned with contemporary
domestic abuse practice. In domestic abuse cases, where
the voices of children and survivors are often suppressed
by perpetrators, multi-agency escalation becomes a
mechanism for restoring those voices to the centre of
professional attention.

The need for robust escalation is underscored by the
recognised difficulties in identifying, evidencing and
responding to coercive control. Case reviews consistently
highlight that coercive control is not always well
understood by professionals, resulting in assessments that
fail to capture the true level of risk. A 2026 briefing
analysing learning from domestic abuse-related case
reviews found that practitioners often struggled to
recognise when children had been manipulated into
silence or when the absence of disclosure was being
misinterpreted as an absence of harm. These findings

reinforce the importance of challenge: when a professional feels that another agency is placing undue weight on the lack of disclosure, they must escalate their concerns, insisting that risk is assessed through behavioural patterns rather than verbal statements alone.

Professional challenge is also necessary when agencies interpret thresholds differently. JTAI findings reveal that inconsistencies in risk interpretation; particularly between police, health and children's social care, can leave children exposed to ongoing harm. For example, police may view a particular incident as low-level, while a social worker, knowing the family's history, recognises it as part of a pattern of escalating coercion. Without escalation, this discrepancy can prevent timely safeguarding actions such as strategy discussions, MARAC referrals or legal planning. Multi-agency escalation frameworks provide a route for practitioners to pursue resolution, ensuring that decision-making does not stall at the level of disagreement.

Escalation procedures also recognise that some disagreements carry systemic implications. For example, if several cases indicate a pattern of delayed police responses to domestic abuse call-outs or persistent challenges in accessing mental health assessments, these issues should be escalated beyond operational levels to senior leaders or safeguarding partnership boards. The Pan-Dorset escalation framework explicitly acknowledges that thematic concerns require higher-level escalation to ensure that systemic risks are addressed, not simply individual cases. This is particularly relevant in domestic abuse, where patterns in local service responses may contribute to repeated failures to identify or mitigate risk.

Effective challenge is not only about questioning others
but also about being open to challenge oneself. The
expectation that professionals can articulate, explain and
justify their decisions strengthens the quality of analysis
and guards against assumptions. Waltham Forest's
professional challenge guidance emphasises that
challenge must be underpinned by humility, kindness and
respect, noting that incivility undermines safeguarding
and can intimidate professionals into silence when they
should be speaking up. This cultural framing supports a
safeguarding environment in which practitioners feel safe
to question one another without fear of personal or
professional repercussions.

Within domestic abuse practice, professional challenge
must also confront gendered narratives, cultural
assumptions and myths that minimise risk. For example,
assumptions that a survivor has "chosen" to remain with a
perpetrator, or that conflict is mutual, require immediate
challenge. Domestic abuse practice guidance from
Camden makes clear that professionals must intervene
assertively when such narratives arise, ensuring that
assessments remain grounded in the dynamics of coercive
control rather than victim-blaming perspectives.
Escalation becomes the mechanism through which such
misunderstandings are corrected at the multi-agency
level.

Escalation and challenge also support better outcomes in
multi-agency risk processes such as MARAC. If a
practitioner believes that a case warrants MARAC referral
due to escalating risk, but another agency disagrees,
escalation may be necessary to ensure the case is
considered. Given that MARACs address high-risk

domestic abuse cases involving coordinated safety
planning, failure to escalate disagreements can
significantly compromise child and survivor safety. This
reinforces the principle that escalation is not a sign of
poor partnership working but a necessary component of
professional accountability.

Ultimately, multi-agency escalation and professional
challenge are expressions of the safeguarding system's
moral and statutory responsibility to protect children from
domestic abuse. They require practitioners to act with
confidence, clarity and persistence, grounded in evidence
and guided by the child's welfare. The frameworks
provided by local partnerships—such as those in Waltham
Forest, Camden and Pan-Dorset—offer structured
pathways for resolving disagreements, escalating concerns
and ensuring that the child's voice and safety remain
central. When used effectively, these mechanisms
transform multi-agency practice from a collection of siloed
actions into a coherent, accountable system capable of
responding robustly to the complex realities of domestic
abuse.

In domestic abuse cases, professional challenge is an act
of safeguarding courage: it requires practitioners to resist
minimisation, confront uncomfortable truths and
advocate for children who cannot advocate for
themselves. Escalation ensures that concerns are not lost
in bureaucratic inertia or overshadowed by competing
priorities. It reinforces the fundamental principle that
safeguarding is everyone's responsibility, and that silence,
deference or hesitation can leave children exposed to
life-altering harm. Through effective escalation and
challenge, social workers and multi-agency partners

uphold a culture of vigilance, accountability and
child-centred practice, ensuring that systems designed to
protect are equipped to respond to one of the most
pervasive and complex forms of harm in contemporary
social work.

Responding to coercive control and post-separation abuse
requires social workers to engage in a level of professional
vigilance that exceeds traditional safeguarding
expectations. Coercive control—the patterned, sustained
exercise of domination, intimidation and psychological
manipulation—remains one of the most misunderstood
and underestimated forms of harm within multi-agency
systems. Even after separation, perpetrators frequently
continue their abuse through stalking, harassment,
litigation, manipulation of professionals and the digital
monitoring of their former partners and children. These
dynamics present unique challenges for safeguarding
because, unlike discrete incidents of violence, coercive
control relies on subtlety, invisibility and the strategic
exploitation of systems designed to protect. For social
workers, multi-agency escalation becomes an essential
tool to combat minimisation, ensure recognition of harm,
and prevent post-separation abuse from being dismissed
as 'relationship conflict.'

Joint Targeted Area Inspections of the multi-agency
response to domestic abuse consistently highlight that
coercive control is not consistently understood or factored
into assessments across agencies, resulting in significant
variation in how children's experiences are recognised and
acted upon. Inspectors warn that some professionals still
focus on adults' needs or isolated incidents, failing to
capture the perpetrator's pattern of behaviour or its

ongoing impact on the child. In such contexts, social workers must use escalation to ensure that partner agencies understand that coercive control does not dissipate after separation and that post-separation abuse can in fact be more dangerous, as perpetrators lose day-to-day access and seek alternative methods to reassert control.

Local guidance reinforces the need for assertive challenge where coercive control is minimised. Camden Safeguarding Children Partnership's multi-agency domestic abuse guidance emphasises that coercive control requires active recognition and decisive action, and that professionals must intervene robustly when its impact on children is not acknowledged. Yet reviews consistently show that agencies may still view abuse as 'historic' once separation occurs, or assume that reduced physical proximity equals reduced risk. In reality, coercive control often intensifies post-separation, transforming into legal harassment, digital surveillance or manipulation of child contact arrangements. When health, police or education partners fail to recognise this pattern, social workers must escalate to ensure that risk assessments are updated and that safeguarding measures—including MARAC referrals or protective orders are reconsidered.

The escalation protocols developed by multi-agency partnerships provide clear mechanisms for this type of challenge. Disagreements must be addressed quickly and respectfully, with real-time communication used wherever possible to prevent delays that could place children at further risk. It stresses that practitioners should escalate concerns when another agency's decision, inaction or misunderstanding could impact a child's welfare. This

principle is critical where police responses minimise coercive behaviour as 'non-criminal,' or when schools interpret a child's dysregulation without recognising its roots in post-separation trauma. The guidance highlights that incivility or reluctance to challenge can create unsafe cultures; an acute risk in coercive control cases where perpetrators actively exploit professional friction or uncertainty.

Escalation should be used not only to resolve individual case disagreements but also when patterns emerge across multiple cases. This is highly relevant in post-separation abuse, where perpetrators may repeatedly misuse court proceedings, school communication channels or police welfare checks as mechanisms of control. Social workers recognising these patterns must escalate concerns beyond the immediate operational level, ensuring that senior leaders and safeguarding boards are aware of systemic vulnerabilities being exploited by perpetrators.

Professional challenge becomes particularly critical where coercive control is misinterpreted as parental conflict; still a pervasive issue identified in multi-agency reviews. Domestic abuse case review analysis from 2026 found that professionals frequently struggled to recognise coercive control and sometimes framed children's silence or compliance as indicators of resilience rather than manipulated behaviour. Post-separation, these misunderstandings become even more pronounced as perpetrators may present as calm, articulate and cooperative, while the survivor appears anxious or inconsistent due to trauma. Social workers must therefore challenge narratives that portray the parties as equally responsible for relational difficulty and escalate whenever

partner agencies adopt interpretations that obscure the
abusive dynamics.

Post-separation abuse increasingly occurs through digital
means such as stalking via social media, accessing health
records through proxy accounts, or monitoring children's
devices. National Cyber Security Centre guidance confirms
that technology-facilitated abuse is rising and requires
practitioners to understand surveillance behaviours that
may escape other agencies' notice. Where digital abuse is
minimised or dismissed as 'non-urgent,' escalation
ensures that police cyber units, schools and health
providers apply appropriate safeguarding measures.
Escalation may also be needed when digital evidence
suggests the perpetrator is breaching protective orders or
using child contact to extend monitoring or harassment.

In child protection contexts, escalation must sometimes
be used to challenge court-related minimisation. Legal
processes can inadvertently become tools of
post-separation abuse, with perpetrators making repeated
applications, raising unfounded allegations or insisting on
unsafe contact. National research on family courts
highlights structural barriers including pro-contact
assumptions and minimisation of patterns of harm, that
place children at risk. When social workers believe court
processes are being manipulated or that a child's
experiences of coercive control are not adequately
understood, escalation through management lines, legal
teams or safeguarding boards becomes essential.

Using escalation in coercive control cases also requires
practitioners to reflect deeply on their own responses.
Coercive control can create uncertainty, emotional fatigue
or hesitancy among professionals, particularly when

perpetrators display charm or intimidation. Escalation becomes not only a procedural tool but a means of countering the psychological impact of the perpetrator's behaviour on the professional network. This is reinforced by Waltham Forest's guidance, which notes that escalation supports clarity by enabling professionals to explain their decision-making and test their reasoning against others. Through this process, practitioners strengthen collective confidence in risk assessments and ensure that coercion is neither normalised nor overlooked.

Ultimately, escalation in cases of coercive control and post-separation abuse is a critical safeguarding activity that ensures children's experiences are not overshadowed by professional disagreement, systemic inertia or the perpetrator's manipulation of the multi-agency environment. When used consistently and assertively, escalation protects against minimisation, ensures that risk remains visible and drives interventions that are proportionate to the complexity and danger inherent in coercive control dynamics. For social workers, this approach forms a vital part of ethical and effective domestic abuse practice, one that keeps children's lived experiences at the centre and ensures that safeguarding systems respond with the urgency, accuracy and compassion these cases demand.

Developing Future Practice: Innovation and System Change

Developing future practice in domestic abuse work requires far more than incremental improvements; it demands structural transformation across the safeguarding system. As domestic abuse becomes increasingly recognised as a patterned, relational and intersectional form of harm, one that affects children as victims in their own right, agencies must evolve their models of practice, governance and leadership. Recent Joint Targeted Area Inspections (JTAIs) emphasise that despite legislative progress and strengthened statutory guidance, responses to domestic abuse remain inconsistent across England, particularly in how children's experiences are understood and how agencies work together to identify, assess and manage risk. This context creates a pressing need for innovation and system reform that moves beyond reactive, incident-based practice toward approaches that are preventative, trauma-informed and grounded in an integrated understanding of coercive control.

A critical starting point for innovation is system learning. National briefings and local reviews consistently highlight that domestic abuse responses fail when agencies work in silos, rely on outdated conceptual frameworks or lack shared language and expectations. The Camden Safeguarding Children Partnership's 2025 domestic abuse guidance illustrates the potential for system change when partnerships align around a unified understanding of domestic abuse, its impacts and their respective

responsibilities. It demonstrates that re-shaping practice is
not a one-agency endeavour but an ecosystem shift in
which police, social care, health, education, youth justice
and specialist providers act collectively, informed by the
same principles of child-centred, trauma-aware practice.
Innovation, in this sense, is as much about cultural
alignment as it is about new tools or models.

Professional challenge and escalation form another pillar
of system innovation. Multi-agency escalation protocols,
such as those developed in Waltham Forest in 2026,
outline a vision of safeguarding in which disagreement is
expected, welcomed and structured, not avoided. They
argue that respectful but assertive challenge is a safety
mechanism that prevents minimisation, professional drift
and false consensus. These protocols reflect a wider shift
in safeguarding culture where curiosity, courage and
accountability replace deference and passive compliance.
In domestic abuse contexts, where perpetrators may
manipulate professionals and survivors' accounts may be
silenced by trauma; such cultures of challenge are
essential. This represents system change at the level of
professional identity, shifting practitioners from passive
participants to active guardians of children's safety.

Innovation also depends on creating adaptive systems
capable of learning from complexity rather than being
overwhelmed by it. Safeguarding partnerships must
respond to patterns, not just isolated cases. When several
cases reveal recurring issues such as delays in police
responses, uncoordinated health engagement, or a
pattern of coercive control being misunderstood
system-level escalation becomes a tool for organisational
learning. This marks a departure from historical

safeguarding practice where issues were often addressed case-by-case without recognising the broader systemic conditions that shaped them.

Domestic abuse practice innovation must also be rooted in an improved understanding of coercive control. Case reviews consistently reveal that professionals struggle to recognise and evidence coercive control, especially when it is not accompanied by physical violence. A 2026 domestic abuse case review briefing showed that coercive control often went unrecognised in assessments, resulting in missed opportunities for intervention and insufficient attention to the child's lived experience of fear, instability and manipulation. System change requires embedding coercive control as a core competency for all practitioners, supported by training, reflective supervision and assessment frameworks that privilege pattern-based analysis over incident-based thinking. As understanding grows, systems themselves must change how they interpret risk; coercive control must no longer be treated as complex or intangible but as central to domestic abuse assessment.

Another dimension of future practice is the evolution of multi-agency safeguarding arrangements toward more integrated models of practice. The updated *Working Together to Safeguard Children* guidance places renewed emphasis on collaborative leadership and whole-system approaches, arguing that safeguarding requires consistent standards and effective communication across all agencies. This includes national multi-agency child protection standards, shared expectations for practice quality and strengthened principles for engaging families. The guidance indicates a move toward a more coherent

safeguarding architecture in which domestic abuse
responses are embedded across the system rather than
residing primarily within social care or specialist agencies.

Digital transformation is also reshaping domestic abuse
practice. Technology-facilitated abuse, through
monitoring, surveillance, online harassment or misuse of
smart devices, requires new skills, new risk frameworks
and new partnerships with cyber units and digital safety
specialists. The National Cyber Security Centre's
practitioner guidance demonstrates the scale and urgency
of this challenge, showing that domestic abuse cases
increasingly involve complex digital dimensions that
require technical understanding and multi-agency
coordination. Similarly, NHS England's work to integrate
domestic abuse considerations into digital service design
signals a move toward embedding safeguarding in the
infrastructure of public services rather than relying solely
on professional vigilance. Innovation in this area requires
both new tools and new thinking as practitioners adapt to
emerging risks that transcend traditional boundaries of
physical space.

System change also requires investment in specialist
domestic abuse knowledge and the mainstreaming of
trauma-informed practice. Reviews show that
professionals often lack confidence in identifying coercive
control or understanding its developmental impact on
children. Training and continuous professional
development must shift from ad hoc sessions to
integrated learning pathways that build expertise over
time. This includes reflective supervision that addresses
vicarious trauma, which otherwise undermines the
capacity for analytical thinking and relationship-based

practice. As systems recognise the emotional demands of
domestic abuse work, practitioner wellbeing becomes an
innovation priority, ensuring stable, skilled teams capable
of sustained and effective safeguarding.

The future of domestic abuse practice also involves
strengthening accountability and transparency at all
levels. Safeguarding partnerships must ensure that data,
performance indicators and learning from reviews are
translated into meaningful changes in operational
practice. The emphasis by the Child Safeguarding Practice
Review Panel on learning from national reviews highlights
the need for system-wide feedback loops that prevent
repeated failings and embed learning across agencies.
Innovation requires not only identifying what happened
but understanding why it happened and how system
conditions contributed to the outcome.

Finally, developing future practice requires a renewed
commitment to children's voices. Too often, children's
experiences of domestic abuse are overshadowed by
adult narratives or procedural focus. Reviews and
inspections highlight that children's accounts are not
consistently captured, believed or acted upon. System
change must place the child's lived experience at the
centre of assessment, planning and intervention.
Innovation in this area involves developing child-centred
tools, engagement models and trauma-informed
approaches that enable practitioners to understand the
world from the child's perspective and respond with
clarity and compassion.

In sum, developing future practice in domestic abuse work
requires a transformation in mindset, structures, training
and culture. It demands systems that are agile, integrated,

reflective and deeply informed by the dynamics of
coercive control and the voices of children. As
safeguarding partners adapt to the complexities of
modern domestic abuse—including digital harms,
increased awareness of coercive control and expanding
legislative responsibilities—innovation becomes not
optional but essential. Through system change grounded
in collaboration, curiosity, evidence and compassion, the
safeguarding system can evolve into one that consistently
protects children, supports survivors and holds
perpetrators accountable.

Toward a Responsive, Resilient and Transformative Safeguarding System

As this body of work draws to a close, it becomes clear that responding to domestic abuse in the United Kingdom requires a safeguarding system that is both deeply grounded in evidence and capable of continuous adaptation. The landscape of domestic abuse has evolved significantly in recent years, driven by legislative reform, technological change, enhanced public awareness and a growing recognition of children as victims in their own right. The Joint Targeted Area Inspections into multi-agency responses highlight repeatedly that although progress has been made, practice remains inconsistent, particularly in how children's lived experiences and the patterns of coercive control affecting them are understood and addressed. This inconsistency underscores the need for a systemic approach that places domestic abuse at the centre of safeguarding practice, transforming both organisational cultures and professional identities.

Across the chapters of this book, a series of interconnected themes have emerged. The first is the importance of recognising domestic abuse as a patterned, cumulative and relational form of harm. It is not defined solely by incidents but by the coercive dynamics that permeate daily life and shape children's emotional worlds. This understanding aligns with the insights of multiple serious case reviews, which found that coercive control was frequently misunderstood or overlooked, impairing professionals' ability to identify risk and respond effectively. Approaches that rely on disclosure-based

practice or incident-led analysis fail to capture the lived reality of many children, whose silence is often the result of manipulation, fear or emotional loyalty rather than an absence of harm. Effective safeguarding requires practitioners and systems that can recognise these complexities and respond with nuance and professional curiosity.

Multi-agency collaboration emerges as another essential cornerstone of effective domestic abuse practice. Statutory guidance such as *Working Together to Safeguard Children* highlights the need for strong leadership, shared accountability and high-quality information-sharing across agencies. Yet serious case reviews and thematic analyses repeatedly reveal the consequences of fragmented systems, inconsistent thresholds and insufficient professional challenge. Escalation procedures from places such as Waltham Forest and the Pan-Dorset Safeguarding Partnership demonstrate how structured challenge can drive better outcomes by preventing drift, resolving disputes and encouraging a culture in which disagreement is understood as a safeguard rather than a threat. Domestic abuse cases require such assertive collaboration because perpetrators often manipulate professional relationships and exploit gaps between agencies. Multi-agency challenge is therefore not merely procedural but protective.

This book has also highlighted the profound impact of trauma—both for the children and families experiencing domestic abuse and for the social workers who support them. Trauma-informed practice must extend beyond frontline interactions and permeate organisational cultures, supervision structures and system design. It

requires practitioners to hold space for distress while maintaining analytical clarity and demands that organisations recognise and respond to vicarious trauma to sustain an effective workforce. The emotional weight of domestic abuse work is considerable; without appropriate supervision and reflective practice, the risk of burnout or desensitisation is high. Strong, well-supported practitioners are essential to a resilient safeguarding system, and trauma-informed supervision is not optional but foundational.

Increasingly, technology-facilitated abuse poses new and complex challenges. Emerging research and practitioner guidance identify technology as a growing channel through which perpetrators exert control, conduct surveillance and extend abuse into digital environments. Children and survivors can be monitored through smart devices, stalked on social media or harassed through online impersonation. The Online Safety Act introduces new protections for children and duties for platforms, setting the stage for safer digital environments. But safeguarding practice must also evolve to address digital harms at the level of assessment, safety planning and evidence-gathering. Innovation must be built into daily practice, bridging traditional safeguarding with digital literacy and cyber-security principles. The future of safeguarding depends on our capacity to adapt to a world in which harm is no longer confined to the physical domain.

A further critical insight emerging from the chapters is the necessity of centring the child's voice. National inspectorates warn that children's experiences of domestic abuse are not consistently recognised, despite

their legal status as victims. Children's insights—expressed directly, indirectly or through behaviour—are indispensable to understanding risk. Their voices must shape assessments, safety plans and court decisions. To ignore them is to repeat the failings identified by countless serious case reviews, where children were unseen, unheard or misunderstood, often with devastating consequences.

The chapters also underscore the importance of professional curiosity and critical analysis. Such practices are essential to overcoming the cognitive traps that arise in domestic abuse work, including minimisation, misplaced optimism and over-reliance on parental self-reporting. Professional curiosity allows practitioners to detect disguised compliance, to test hypotheses against evidence and to question narratives that may obscure coercive control. This stance is also central to effective escalation; challenge cannot occur without practitioners willing to interrogate their own assumptions and those of their colleagues. Escalation demands courage, clarity and a commitment to the child's best interests, and is essential when working with perpetrators who are adept at manipulation.

Court work, too, is a domain requiring analytical depth and systemic reform. Mapping of domestic abuse activity in the family courts reveals that adversarial processes, pro-contact culture and insufficient understanding of coercive control continue to undermine child safety. Social workers must present evidence that articulates patterns of harm, the child's emotional reality and the survivor's protective actions with precision and clarity. The courts are beginning to adapt, as shown by the introduction of

Domestic Abuse Protection Orders and new prohibitions on cross-examination, but system change remains ongoing. Effective court practice relies on social workers who can navigate these reforms and ensure that the child's welfare remains paramount.

A future-focused safeguarding system must also address equality, diversity and intersectionality. Reviews and research demonstrate that marginalised groups often face additional barriers to reporting or escaping abuse, and that professionals may misinterpret cultural behaviours or fail to recognise the structural inequalities shaping families' experiences. Innovation in safeguarding must therefore embed cultural humility and anti-discriminatory practice, ensuring that families receive responses tailored to their identities and contexts rather than assumed or imposed upon them.

Taken together, these insights point toward an evolving safeguarding landscape that is more collaborative, analytical, trauma-informed and technologically aware than ever before. Innovation and system change must be grounded in the recognition that domestic abuse is not static. Perpetrators adapt to new technologies, exploit institutional blind spots and manipulate narrative gaps. Survivors and children navigate increasingly complex social, digital and legal systems. Professionals must be supported to evolve in response.

The safeguarding system of the future will depend on the interplay of confident practitioners, integrated multi-agency arrangements, strong leadership and a shared moral commitment to protecting children from harm. It will require practitioners who understand coercive control not as an abstract concept but as a lived

experience shaping every dimension of family life. It will require systems where professional challenge is welcomed and escalation is not a sign of conflict but a safeguard against error. It will require courts that recognise post-separation abuse as a continuation, not a cessation, of risk. And it will require organisations that value practitioner wellbeing as an essential component of child protection.

Ultimately, this book has shown that safeguarding children from domestic abuse is both profoundly challenging and profoundly possible. With courage, clarity and collective commitment, the multi-agency system can evolve into one that consistently protects children, empowers survivors and holds perpetrators to account. Through innovation and system change rooted in evidence and humanity, we can build a future in which every child is safe, every survivor is heard and every professional is supported to make the difference that safeguarding demands.

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